## **EXHIBIT C**

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

GARY B. FREEDMAN,

ESQUIRE, Administrator: NO.

of the ESTATE OF : 2:13-cv-3145-CDJ

ABRAHAM STRIMBER,

deceased

and

BRACHA STRIMBER,

Plaintiffs, :

v.

STEVEN FISHER, M.D., et al.,

• ;

Defendants. :

Tuesday, March 18, 2014

Videotape deposition of MARGO E. TURNER, M.D., taken pursuant to notice, was held at the law offices of Christie, Pabarue & Young, 1880 JFK Boulevard, 10th Floor, Philadelphia, Pennsylvania, commencing at 10:40 a.m., on the above date, before Amy M. Murphy, a Professional Court Reporter and Notary Public there being present.

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LAW OFFICE OF LEON AUSSPRUNG, MD, LLC SQUIRE		APPEARANCES:		
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Philadelphia, Pennylyunia 19103   20-39-329   Page   23   Page   24   Physician Associates   Physician Associates   Philadelphia, Pennylyunia 19102   215-875-4023   Representing the Defendant, Dr. Muttreja   Page Line Page L	9	One Commerce Square	10	<b>~</b> ~,♥
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1	THE VIDEOGRAPHER: We are	1	O. My name is Leon Aussprung.
2	now on the record. My name is	2	We were just introduced and I represent
3	Matt Merin. I'm a videographer	3	the Strimber family that's brought a
4	for Magna Legal Services. This is	4	lawsuit against yourself and some others.
5	a video deposition for the United	5	Have you ever been deposed
6	States District Court for the	6	before like this?
7	Eastern District of Pennsylvania.	7	A. No.
8	Today's date is March 18th,	. 8	Q. Could you state your full
9	2014 and the time is 10:40 a.m.	9	name for the record?
10	This deposition is being held at	10	A. Margo Eleanor Turner.
11	1880 JFK Boulevard in	11	Q. And what is your profession?
12	Philadelphia, Pennsylvania in the	12	A. I'm a physician.
13	matter of Gary B. Freedman,	13	Q. What kind of physician?
14	Esquire and Bracha Strimber versus	14	A. Internal medicine.
15	Steven Fisher, M.D., et al. The	15	Q. Are you board certified?
16	deponent is Margo Turner, M.D.	16	A. I am not.
I		17	Q. Let me first give you a few
17	This deposition is being taken on	18	instructions. I know you're represented
18	behalf of the plaintiff.	19	by Counsel here and you had an
19	Will all Counsel please	20	opportunity to talk with him beforehand,
:20	identify themselves?  MR. AUSSPRUNG: Leon	21	but I want to make sure we're on the same
21		22	
22	Aussprung on behalf of the	23	page. A. Um-hum.
23	Plaintiffs.	24	Q. Everything that's being
24	MR. YOUNG: Jim Young. I'm Page 7	23	Page 9
			_
1	here on behalf of Dr. Turner,	1	spoken is being taken down by our court
2	nurse practitioner Martinez, and	2	reporter. She can only take down words.
3	Abington Memorial Hospital.	3	So, you may nod your head and say
4	MR. CAMHI: Don Camhi for	4	"uh-huh" like you just did a moment ago.
5	Dr. Fisher and Abington Emergency	5	A. Yes.
6	Medicine Associates.	6	Q. We'll all be very clear that
7	MR. GOEBEL: And Chad Goebel	7	you mean "yes." But later, when we read
8	on behalf of Dr. Muttreja.	8	the written transcript, it may not be
9	MR. AUSSPRUNG: Also present	9	clear.
10	is James Hockenberry on behalf of	10	A. Okay.
11	the Plaintiff.	11	Q. And it's very important
12	THE VIDEOGRAPHER: The court	12	today when I try and get some answers to
13	reporter is Amy Murphy who will	13	questions, whatever your testimony might
14	now swear in the witness.	14	be, it's very important to all the
15	Nr. Nr. Ser	15	lawyers that whatever that testimony is,
16	MARGO E. TURNER, M.D., after	16	it be clear on the record and that it
17	having been duly sworn, was	17	can't somehow be misinterpreted by a
18	examined and testified as follows:	18	lawyer at trial or at some other stage of
19	# # W	19	the proceedings. So, we will remind you.
20	EXAMINATION	20	We'll say, "did you mean yes?"
21	Upp . Add . Special Control of the C	21	Sometimes we might ask a
22 I	BY MR. AUSSPRUNG:	22	question in the form of a negative and
23	Q. Good morning.	23	you may say "no" and it will be a little
24	A. Good morning.	24	unclear as we listen to it. And so we'll

	Page 10		Page 12
1	say, "would you agree that" and we'll	1	I was given a copy of your curriculum
2	repeat it. We're not trying to harass	2	vitae which I've marked as Exhibit-1.
3	you in any sort of way. We want to be	3	Is this CV something that
4	absolutely certain that whatever your	4	was prepared for this litigation or is
5	testimony is, it's very clear on the	5	this a CV that you had prepared
6	written record; okay?	6	previously?
7	A. I understand.	7	A. Previously prepared.
8	Q. Sometimes I ask questions	8	Q. Is there anything on this CV
9	that are less than clear. Sometimes	9	which is no longer accurate?
10	they're poorly-phrased questions, you	10	A. This CV is up to date in
11	might be confused about something I ask.	11	terms of my current employment, yes.
12	Perhaps you're looking at a medical	12	Q. Where are you currently
13	record and your mind drifts off for a	13	employed?
14	moment and you don't hear my entire	14	A. Jeanes Hospital.
15	question. If for any reason you don't	15	Q. And what is your job there?
16	understand my question, please, let me	16	A. I work as a house physician
17	know; all right?	17	there.
18	A. I will.	18	Q. What does that mean?
19	Q. To the extent you do provide	19	A. I'm responsible for the
20	us with answers today, we're going to	20	admission of patients to the medical
21	assume you understood my question; okay?	21	service and response to patients who are
22	A. I do.	22	in the hospital who have acute problems
23	Q. If you need to take a break,	23	that require a physician to respond to
24	there's no rules about that. I	24	them immediately.
	Page 11		Page 13
1	understand you have some medical	1	Q. Are you an attending
2	problems. Whatever you need to make this	2	physician at Jeanes Hospital?
3	as comfortable for you as possible, if	3	A. I'm an attending but I don't
4	you need water, we can take breaks every	4	have a service there. I don't admit
5	five minutes. There's no rules about	5	patients through a service. I'm hired by
6	that. We're happy to accommodate you in	6	the hospital to admit to the medical
7	any way that we need to.	7	service and to do that response that I
8	A. Those issues will not	8	just mentioned to you.
9	interfere with what we have to do today.	9	Q. But you have attending
10	Q. I'm sure they won't. But I	10 11	privileges?
11	just want to let you know that if you're	12	A. I do.
12	uncomfortable or you want to talk to your	13	Q. Just getting back to your education and training, you did, it looks
13	lawyer or you just want some air because	14	like, a year internship and then two
14	you're upset	15	years of residency in internal medicine
16	A. Yes. Q that's fine. Just let us	16	at Albert Einstein.
17	Q that's fine. Just let us know and we'll take a break; okay?	17	A. That is correct.
18	A. Okay.	18	Q. Did you ever sit for the
19	A. Okay.	19	boards in internal medicine?
20	(Whereupon, Exhibit Turner-1	20	A. I did not.
21	was marked for identification.)	21	Q. Is there a reason why you've
22	" " "	22	chosen never to sit for the boards of
23	BY MR. AUSSPRUNG:	23	internal medicine?
24	Q. Prior to today's deposition,	24	A. At the time that those



	Page 14		Page 16
1	boards were going on, I had a problem in	1	internal medicine?
2	my family with my mother and I elected to	2	A. I would say that's a
3	pay attention to that and I did not sit	3	reference that I refer to.
4	for the boards. As the years went by, I	4	Q. Would you consider it to be
5	had my work and my employment and I	5	a reliable authority or you're not sure?
6	it's not something that I pursued.	6	A. No.
7	Q. Has not being board	7	Q. Have your privileges to work
8	certified in internal medicine ever	8	at any hospital or credentials with any
9	affected your ability to obtain any sort	9	insurance company ever been disciplined
10	of privileges or credentials at a	10	or restricted?
11	hospital?	11	MR. YOUNG: Objection to the
12	A. It has not.	12	form. Credentials with an
13	Q. We're going to be dealing	13	insurance company?
14	with some events that happened back in	14	MR. AUSSPRUNG: Let me ask
15	February of 2012. I'm just looking at	15	it a better way.
16	your curriculum vitae here.	16	BY MR. AUSSPRUNG:
17	Who was your employer in	17	Q. Has there ever been any
18	February of 2012?	18	action taken on your license to practice
19	A. I was employed by Abington	19	medicine?
,20	Memorial Hospital.	20	A. Yes.
21	Q. And they are the people that	21	Q. Can you tell me what action
:22	actually sent you a paycheck every couple	22	was taken?
23	weeks?	23	A. My license was suspended for
24	A. Yes.	24	a period of about six months.
	Page 15	:	Page 17
1	Q. Have you ever published	1	Q. When was that?
2	anything in any peer review literature?	2	A. The period of 2004 to 2005.
<i>:</i> 3	A. I have not.	3	Q. What were the circumstances
4	Q. Do you receive any	4	surrounding that suspension?
5	publications regularly?	5	A. I was not able to
6	A. I receive New England	6	financially keep up with the payments of
7	Journal of Medicine weekly and I also	7	my tail coverage, so that I arranged with
- 8	subscribe to the Clinical Problems in	- 8	the State a payback plan for the tail
9	Emergency Medicine series that's	9	coverage. But until that happened, I was
10	published once a month.	10	suspended for the six months. To me,
11	Q. Anything else?	11	that it was a malpractice insurance tail
12	A. No.	12	coverage issue only.
13	Q. Are there any journals or	13	Q. So it had to do with the
14	literature that you would consider to be	14	Pennsylvania legal requirement for
15	authoritative?	15	insurance?
16	A. No.	16	A. Exactly.
17	Q. Do you own any textbooks in	17	Q. It didn't have any the
18	internal medicine?	18	action on your medical license didn't
19	A. I do.	19	have anything to do with patient quality
20	Q. What textbooks do you own?	20	of care?
21	A. Harrison's Principles of	21	A. It did not.
			() A 41 41 4 - 1 4 - 1 4 - 1 4 - 1 4 - 1 4 - 1 4 - 1 4 - 1
22	Internal Medicine.	22	Q. Any other actions ever taken
	Internal Medicine.  Q. Would you consider that textbook to be a reliable authority of	22 23 24	against your medical license?  A. None.

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1	Q. Has any hospital ever	1	questions about it.
2	disciplined you?	2	
3	A. No.	3	(Whereupon, the witness
4	Q. Has any hospital ever	4	complies with request.)
5	limited or suspended your privileges to	5	** 45 %
6	practice?	6	THE WITNESS: Yes. I've
7	A. No.	7	read it.
8	Q. Has any insurance company	8	BY MR. AUSSPRUNG:
9	ever suspended your ability to submit	9	Q. On the fourth line down it
10	claims to them or anything of that	10	talks about how you, as the contracting
11	nature?	11	physician, shall promote hospital
12	A. No.	12	policies designed to maintain appropriate
13	Q. Have you ever been a	13	standards of professional practice in the
14	defendant in a medical malpractice	14	care of patients, including the
15	lawsuit other than this one?	15	hospital's quality assurance program.
16	A. I have not.	16	Do you see that?
17	Q. I think you said this is the	17	A. I do.
18	first time you've ever given a	18	Q. Where it says "appropriate
19	deposition; correct?	19	standards of professional practice,"
20	A. Yes.	20	where are those where do you draw
21	Q. Have you ever been a	21	those standards from?
22	plaintiff in any lawsuits?	22	A. Could you rephrase that
23	A. I have not.	23	question?
24	Q. I'm going to mark as	24	Q. Well, it says that you are
	Page 19		Page 21
1 1			
	Exhibit 2 a convent a Physician	1	to maintain appropriate standards of
1	Exhibit-2 a copy of a Physician	1 2	to maintain appropriate standards of
2	Employment Agreement that was provided to	2	professional practice. How do you, as a
2 3		2 3	professional practice. How do you, as a practicing physician, know what are the
2 3 4	Employment Agreement that was provided to me previously.	2 3 4	professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional
2 3 4 5	Employment Agreement that was provided to me previously.  (Whereupon, Exhibit Turner-2	2 3 4 5	professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional practice?
23456	Employment Agreement that was provided to me previously.	2 3 4 5 6	professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional practice?  A. I think that that applies to
2 3 4 5 6 7	Employment Agreement that was provided to me previously.  (Whereupon, Exhibit Turner-2 was marked for identification.)	2 3 4 5 6 7	professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional practice?  A. I think that that applies to my ability to function to follow the
2 3 4 5 6 7 8	Employment Agreement that was provided to me previously.  (Whereupon, Exhibit Turner-2 was marked for identification.)  BY MR. AUSSPRUNG:	2 3 4 5 6 7 8	professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional practice?  A. I think that that applies to my ability to function to follow the training that I received and to respond
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Employment Agreement that was provided to me previously.  (Whereupon, Exhibit Turner-2 was marked for identification.)  BY MR. AUSSPRUNG: Q. Doctor, I'd like to start at the end on page 12. A. Yes. Q. Is this your signature on the last page? A. It is. Q. And this is the employment agreement that you had with Abington Memorial Hospital; correct? A. It is, yes. Q. I'd like you to go to page 4. There's a section 3.2.4 and it's titled "Quality." Do you see that? A. 3.2.4, yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	professional practice. How do you, as a practicing physician, know what are the appropriate standards of professional practice?  A. I think that that applies to my ability to function to follow the training that I received and to respond to the problems that are presented to me in a fashion that is reflective of my ability to care for patients and how I should perform my duties in that regard.  Q. Are there any written standards of professional practice that you're aware of?  A. I am not.  Q. Are you aware of any protocols or guidelines concerning the evaluation of chest pain?  MR. YOUNG: You're talking about written?  MR. AUSSPRUNG: Written,
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<b>1</b>	Page 22		Page 24
1	BY MR. AUSSPRUNG:	1	which I am expert at performing.
2	Q. Are you aware of any written	2	Q. Which things are those?
3	or published guidelines or standards	3	A. And that is the main
4	concerning the evaluation of a potential	4	thing is that it excludes the other lists
5	aortic aneurysm?	5	of things that are on that sheet, and
6	A. I am not.	6	those things are history and physical
7	- · · · · · · · · · · · · · · · · · · ·	7	examination, order writing, laboratory,
8	Q. This then goes onto say, quote, physician acknowledges that	8	ordering and interpretation of studies
1	hospital is fully responsible and	9	that are ordered.
9		10	Q. You just said it excludes
10	accountable for physician's performance of his or her clinical and other	11	things that are on that sheet. Are you
11	3	12	talking about
12	services.	13	A. These other things are not
13	Is that your understanding?	14	checked off. My privilege is checked
14	A. It is.	15	off. The other things that are there are
15	ON II	16	not checked off means those are the
16	(Whereupon, Exhibit Turner-3	17	things that I would not do.
17	was marked for identification.)	18	Q. Okay. So above where it
18	~ * *	19	says "Request" and there's some blanks
19	BY MR. AUSSPRUNG:	20	next to lumbar puncture, thoracentesis,
20	Q. I have here what I'm marking	21	those are things that are not within your
21	as Exhibit-3 a two-page Delineation of	22	field of expertise?
22	Privileges for Initial Appointment.	*	
23	Now, my somewhat imperfect	23	
24	understanding is that when you obtain	24	
	Page 23		Page 25
~ 1	privileges at a hospital, there is	1	request that you have for your privileges
2	paperwork filled out that basically says	2	was arterial puncture on the second page;
. 3	what you can and can't do; correct?	3	correct?
4	A. Correct.	4	A. That is correct.
5	Q. Based on your training and	5	Q. So that above arterial
6	experience and your	6	puncture it says EKG including Pacemaker
7	A. That is correct.	7	Interpretation. What does that mean?
8	Q job.	8	A. Above you said
9	So, this looks like if I	9	MR. YOUNG: Second page.
10	go to the second page, it's, again,	10	THE WITNESS: Second page,
111	signed by you in June of 2011; correct?	11	okay.
12	A. Yes.	12	BY MR. AUSSPRUNG:
13	Q. And so is this your what	13	Q. Sorry.
14	they call the delineation of privileges	14	A. Above that, EKG, that would
15	for your practice?	15	mean that I would be a person that would
16	A. That is correct.	16	interpret EKGs and my interpretation
17	Q. Okay. On the first page,	17	would be then taken as the official
18	the one that's checked off is Category 2:	18	interpretation of the EKG.
19	MCU-Admitting Privileges when in the	19	Q. Would you routinely
20	Field of Expertise; correct?	20	interpret EKGs within the scope of your
21	A. Yes.	21	practice?
22		22	A. I would.
23		23	O. But that's different because
24	A. That means to me that I have my privileges limited to those things	24	that is the official interpretation for
. //	my privileges imilied to those things	1 2 4	mer is me official michiganon is.

	Page 26		Page 28
1	the hospital?	1	Q. You remember the patient?
2	A. That is correct, and that's	2	A. Yes.
3	done by cardiologists.	3	Q. Let's first talk about your
4	Q. But you did routinely look	4	memory and then we'll get into the
5	at and interpret EKGs	5	records.
6	A. Yes, I did.	6	What documents, pieces of
7	Q and use that information?	7	paper, did you review in preparation of
8	A. Yes.	8	today?
9	O. Your	9	A. The medical record from
10	MR. YOUNG: And I was going	10	Abington.
111	to do the same.	11	Q. Did you review the ER
12	Let him finish his question.	12	record?
13	THE WITNESS: I'm sorry.	13	A. I did.
14	MR. YOUNG: That's okay.	14	Q. Did you review the and
15	And he'll wait for your answer.	15	the hospitalization up until he died?
16	THE WITNESS: Okay.	16	A. Yes.
17	MR. YOUNG: Just so the	17	Q. Did you review any other
18	record is clear. The space that	18	documents?
19	you directed the doctor's	19	A. I did not.
20	attention to, EKG including	20	Q. There have been other
21	pacemaker interpretation, was not	21	depositions like this taken, for
22	checked. It just wasn't quite	22	instance, of Dr. Fisher, the emergency
23	clear on the record.	23	room doctor. Did you review that?
24	MR. AUSSPRUNG: Thank you.	24	A. I did not.
	Page 27		Page 29
1 1	DV MD AUCCDDING.	1 .	<b>.</b>
	BI MR. AUSSPRUNG:	1	Q. So you haven't seen any
1	BY MR. AUSSPRUNG:  O. As we do this deposition, it	2	Q. So you haven't seen any depositions?
2	Q. As we do this deposition, it	1 2 3	
2 3	Q. As we do this deposition, it feels like you and I are having a	2 3 4	depositions?
2 3 4	Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a	2 3 4	depositions?  A. I have not.  MR. YOUNG: Keep your voice
2 3	Q. As we do this deposition, it feels like you and I are having a	2 3	depositions?  A. I have not.
2 3 4 5	Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a conversation. It's my question followed	2 3 4 5	depositions?  A. I have not.  MR. YOUNG: Keep your voice  up just a little bit.
2 3 4 5 6	Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a conversation. It's my question followed by your answer. And that's kind of artificial. And it almost feels rude to	2 3 4 5 6	depositions?  A. I have not.  MR. YOUNG: Keep your voice up just a little bit.  THE WITNESS: Okay.  BY MR. AUSSPRUNG: Q. You're doing fine.
2 3 4 5 6 7	Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a conversation. It's my question followed by your answer. And that's kind of	2 3 4 5 6 7	depositions?  A. I have not.  MR. YOUNG: Keep your voice  up just a little bit.  THE WITNESS: Okay.  BY MR. AUSSPRUNG:
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a conversation. It's my question followed by your answer. And that's kind of artificial. And it almost feels rude to wait all the way to the end and then give your answer, but that's what we need to do here. Otherwise, it looks funny on the transcript and we speak over each other and it's very hard for the court reporter.  So, it's kind of rude and it feels like you're slowing it down, but actually, in the end, it speeds it up because you may answer some question that isn't really what I'm asking, so.  Sometimes you're slowing it down and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	depositions?  A. I have not.  MR. YOUNG: Keep your voice up just a little bit.  THE WITNESS: Okay.  BY MR. AUSSPRUNG: Q. You're doing fine.  I recognize that memories are a funny thing, and sometimes we remember an event but we can't place it within a timeline. I'm going to try and go through your memory chronologically, but to the extent you're not sure when a memory is from, if it's from 4 o'clock or 6 o'clock, that's fine. What is the just let me know.  What is the first thing you remember about Abraham Strimber? Is it in the emergency room or up on the floor? A. In the emergency room.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. As we do this deposition, it feels like you and I are having a conversation, but it's really not a conversation. It's my question followed by your answer. And that's kind of artificial. And it almost feels rude to wait all the way to the end and then give your answer, but that's what we need to do here. Otherwise, it looks funny on the transcript and we speak over each other and it's very hard for the court reporter.  So, it's kind of rude and it feels like you're slowing it down, but actually, in the end, it speeds it up because you may answer some question that isn't really what I'm asking, so.  Sometimes you're slowing it down and making sure I'm done is the best way to go; okay?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	depositions?  A. I have not.  MR. YOUNG: Keep your voice up just a little bit.  THE WITNESS: Okay.  BY MR. AUSSPRUNG: Q. You're doing fine.  I recognize that memories are a funny thing, and sometimes we remember an event but we can't place it within a timeline. I'm going to try and go through your memory chronologically, but to the extent you're not sure when a memory is from, if it's from 4 o'clock or 6 o'clock, that's fine. What is the just let me know.  What is the first thing you remember about Abraham Strimber? Is it in the emergency room or up on the floor? A. In the emergency room.



	Page 30	<del>, , , , , , , , , , , , , , , , , , , </del>	Page 32
1	A. Yes.	1	emergency department. What did you do?
2	Q. Who called you? How were	2	Did you see the patient? Did you talk to
3	you contacted?	3	one of the nurses or doctors?
4	A. The emergency room clerk.	4	A. Um
5	Q. Was it like a page or phone	5	Q. And you may not remember.
6	call?	6	A. I do remember.
7	A. Phone call, page.	7	Dr. Fisher spoke with me
8	Q. Were you given some	8	about Mr. Strimber.
9	information on the phone?	9	Q. So you spoke to Dr. Fisher
10	A. Yes.	10	before seeing the patient?
11	Q. What were you told?	11	A. Yes.
12	A. There's an admission for you	12	Q. And what do you recall of
13	and the name of the patient.	13	that conversation?
14	Q. Okay. Just that there was	14	A. That conversation usually
15	an admission?	15	involves
16	A. Um-hum.	16	Q. No. That's not my question
17	Q. Yes?	17	though.
18	A. Yes.	18	A. Okay.
19	Q. It's one of those times	19	Q. I understand there's, like,
20	A. Yes.	20	a general practice and you have a way of
21	Q "um-hum" and nod.	21	doing things and you know your routine is
22	A. Yes.	22	to always do things a certain way.
23	Q. Happens all the time.	23	A, Okay.
24	All right. And do you know	24	Q. This is different. This is
	Page 31		Page 33
1	what time that phone call came at?	1	an actual memory.
2	A. I do not recall the time.	2	A. Okay.
3	Q. What did you do?	3	Q. So, I know you have a
4	A. I went down to the ER.	4	general practice, and I'm not suggesting
5	Q. Do you know approximately	5	you didn't do it that way, but I just
6	what time you arrived in the emergency	6	want to find out what you remember as you
7	department?	7	sit here today.
8	A. I might be able to get a	- 8	So, do you remember anything
9	time from the medical record, but I don't	9	about that conversation?
10	recall the time.	10	A. I do. I remember him
11	Q. Okay. We'll look at that.	11	mentioning Mr. Strimber to me and just
12	And there are some times written down	12	saying I have a patient who needs to be
13	there.	13	admitted to medical service, and a brief
14	I'll represent to you the	14	summary of he presented with the
15	medical record, the first times I could	15	following findings. He said, these are
16	see in there were around 3:58 p.m.,	16	the things that I did, I think he needs
17	almost 4 o'clock. Is that about the time	17	to be admitted, would you take care of
18	that you remember?	18	that part of things.
19	A. That feels later to me.	19	Q. Do you remember any of the
20	Q. You may have been there	20	findings that Dr. Fisher specifically
21	before, doing things before there was	21	told you?
22	anything documented.	22	A. We talked about the fact
23	A. Yes.	23	that Mr. Strimber had abdominal pain, the
24	Q. So, you went down to the	24	nausea, the vomiting, the foods that he

	Page 34		Page 36
1	had eaten in the hours prior to that,	1	remember?
2	what evaluation had been done in the ER	2	A. No.
3	to evaluate those symptoms and what the	3	Q. Was the next thing you did
4	reason for admission would be.	4	go and see the patient?
5	Q. Did Dr. Fisher, in that	5	A. Yes.
6	initial conversation, mention to you that	6	Q. Where was the patient
7	Mr. Strimber had an artificial heart	7	located?
8	valve?	8	A. In one of the holding areas,
9	A. He did.	9	one of the rooms in the ER.
10	Q. Did he mention did Dr.	10	Q. Was it a room?
11	Fisher mention to you anything about pain	11	A. They're like partitioned
12	in the chest?	12	cubicles.
13	A. He did not.	13	Q. And what do you recall from
14	Q. Did Dr. Fisher mention to	14	that initial interaction with Abraham
15	you anything about pain that went through	15	Strimber?
16	to the patient's back?	16	A. I remember Mr. Strimber was
17	A. We talked about his	17	sitting there. I interviewed Mr.
18	abdominal pain, nausea, vomiting, and	18	Strimber initially to just evaluate what
19	diarrhea. That's what I recall.	19	symptoms presented him to the hospital
20	Q. Do you have any recollection	20	for admission. I conducted a physical
21	of how the abdominal pain was described	21	examination. I left, reviewed the data
22	to you?	22	then that I had, and I returned back to
23	A. I do not.	23	him to describe to him the plan of action
24	Q. So you don't know whether it	24	of what was going to happen subsequent to
	Page 35		Page 37
1	was described as going through to the	1	the admission.
2	back or not?	2	Q. One of the things you did
3	A. I don't.	3	was you took you did a history and
4	Q. Did you discuss Mr.	4	physical?
5	Strimber's EKG in that initial	5	A. That's correct.
6	conversation?	6	Q. You did it in the emergency
1-7	A. Yes.	7	department?
8	Q. So it had been done by then?	8	A. Yes.
9	A. Yes.	9	Q. So as part of that history, you, again, confirmed that he had an
10	Q. Had Mr. Strimber's did	11	artificial heart valve?
11	you discuss Mr. Strimber's CAT scan	12	A. Yes.
12	results?	13	Q. And as part of the history,
13	A. We did.	14	did you get a description of his pain?
15	Q. So you believe the CAT scan was completed before you first came to	15	A. Yes.
16	the emergency department?	16	Q. And what do you recall
17	A. Yes.	17	and we'll look at the note in a minute,
18		18	but what do you recall of that
19	• •	19	description?
20		20	A. I remember there was
21	report is at least timed around 1:30 or	21	abdominal pain, feeling like something
22		22	exploded in his abdomen and just went up
23		23	to the top of his head, and that he had

	Page 38	and the second s	Page 40
1	in the medical record earlier that day.	1	A. I believe he had received
2	He had one episode of diarrhea earlier	2	morphine before I saw him.
3	and had an episode of vomiting in the ER.	3	Q. What do you remember of your
4	When I saw him, the abdominal pain had	4	physical examination, if anything?
5	subsided.	5	A. I remember my physical
6	Q. So, the abdominal pain was	6	examination to reveal to be within normal
7	no longer present when you saw him?	7	limits and not to reveal any
8	A. That's correct.	8	abnormalities on the examination.
9	Q. You said something in his	9	Q. Did you palpate his abdomen?
10	abdomen that went up, and I think you	10	A. I did.
11	just said to the top of his head?	11	Q. Did you specifically feel
12	A. He in the medical record,	12	for aortic pulsations?
13	my description in the history of present	13	A. Î did.
14	illness will be a description of how he	14	Q. Did you detect them?
15	described that abdominal pain to me. If	15	A. I did not.
16	we can refer to that, the details of it,	16	Q. Are you aware that there was
17	I'd be more clear about it.	17	a note in the emergency department record
18	Q. Did you understand that his	18	that they found he did have unusual
19	pain was limited to his abdomen or that	19	aortic pulsations?
20	it went up through his chest to his head?	20	A. I saw that note.
21	A. My understanding was that he	21	Q. What did you understand that
22	felt something like I think he	22	to mean?
23	described it as a vibrating sensation in	23	A. I thought that that was
24	his abdomen. Again, if I could refer to	24	probably directing attention to whether
	Page 39		Page 41
1	that I could tell you exactly. What I	1	there was an aneurism present.
2	wrote in that history of present illness	2	Q. But on your exam you did not
3	will reflect what his words were which is	3	have that same finding?
4	then how I interpreted those things.	4	A. I did not.
5	Q. I'm just trying to figure	5	MR. AUSSPRUNG: I'm going to
6	out what you recall from your memory.	6	mark as Exhibit-4 a big packet of
7	A. I understand.	7	papers, I think it's 12 pages
8	Q. All right. Do you remember	- 8	long, which is the emergency
9	anything else in the history that he told	9	department record, because I
10	you?	10	believe Dr. Turner has some orders
111	A. I noted that there had been	11	and things in it.
12	a complaint of chest pain given to the	12	THE WITNESS: Yes.
13	triage nurse. So, I asked if he was	13	بسيد سنآ تته
14	experiencing chest pain at the time that	14	(Whereupon, Exhibit Turner-4
15	I saw him.	15	was marked for identification.)
16	Q. And was he?	16	
	A. He was not.	17	BY MR. AUSSPRUNG:
1 17		18	Q. Now, Dr. Turner, the first
17	O. And in fact, he wasn't even	1	
18	Q. And in fact, he wasn't even experiencing abdominal pain when you saw	19	place which might not be totally
18 19	experiencing abdominal pain when you saw	•	place which might not be totally accurate that I saw anything was on
18 19 20	experiencing abdominal pain when you saw him?	19	place which might not be totally accurate that I saw anything was on the third page of this document under the
18 19 20 21	experiencing abdominal pain when you saw him?  A. That's correct.	19 20	accurate that I saw anything was on
18 19 20	experiencing abdominal pain when you saw him?	19 20 21	accurate that I saw anything was on the third page of this document under the

	Page 42	·····	Page 44
1	middle of the page where it first says	1	it was.
2	"Physician Consult-Other."	2	BY MR. AUSSPRUNG:
3	A. Yes.	3	Q. Was there a resident, an
4	Q. Do you see that?	4	admitting resident, at that time period
5	And then it says for Fisher,	5	named Dr. Singer?
6	MD. Do you know who this physician	6	A. I don't know.
7	consult who was being consulted for	7	Q. Okay. You said you got a
8	that?	8	phone call directly from a clerk in the
9	A. Let me find that area.	9	emergency department.
10	Q. I can point to it.	10	A. Yes.
11	A. I see it.	11	Q. Did you get any calls from
12	Q. There's two physician	12	any admitting residents or other people?
13	consults in a row. The first one, it's	13	A. No.
14	timed 13:59, and then it looks like	14	Q. Was that the normal way you
15	completed at 14:00.	15	would be notified about an admission from
16	A. Yes.	16	the ER was a call from the ER?
17	Q. Physician Consult-Other.	17	A. Yes.
18	And I believe well, who is Majeski, do	18	Q. So, I'll just kind of ask it
19	you know, M-A-J-E-S-K-I? Do you know who	19	in an open-ended way.
20	that is?	20	Do you know who was being
21	A. I don't know who it is.	21	called in this first physician consult
22	Q. It's not an attending or	22	order around 14:00?
23	anybody you're familiar with?	23	A. I think that was probably to
24	A. It might have been the	24	the admitting resident.
	Page 43		Page 45
1	admitting resident who would be the first	1	Q. But we don't know who that
2	person that would be the ER would call	2	person was?
3	about an admission.	. 3	A. We don't know who that was.
4	Q. And it says it was placed	4	Q. The second consult says
5	for Dr. Fisher who we know is the ER	5	"Unreferred." Do you know what this
6	attending.	6	physician consult means?
7		77	A. I don't know what that means
8	<ul><li>Q. Do you know who was being</li></ul>	8	but I know what "unreferred" means.
9	consulted, what physician was being	9	Q. What does "unreferred" mean?
10	consulted?	10	A. The first call to the
1			9 g - g 9
11	A. I think that's a way of	11	resident discusses whether or not the
11 12	A. I think that's a way of noting. That's the physician asking that	12	resident team has a spot open for this
11 12 13	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that	12 13	resident team has a spot open for this patient to be admitted to the resident
11 12 13 14	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the	12 13 14	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the
11 12 13 14 15	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.	12 13 14 15	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient
11 12 13 14 15 16	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the	12 13 14 15 16	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes
11 12 13 14 15 16 17	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?	12 13 14 15 16 17	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the
11 12 13 14 15 16 17 18	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?  A. Okay.	12 13 14 15 16 17	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.
11 12 13 14 15 16 17 18 19	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?  A. Okay.  Q. You would agree?	12 13 14 15 16 17 18 19	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.  Q. Well, that makes perfect
11 12 13 14 15 16 17 18 19 20	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?  A. Okay. Q. You would agree? A. Yes.	12 13 14 15 16 17 18 19 20	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.  Q. Well, that makes perfect sense then.
11 12 13 14 15 16 17 18 19 20 21	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?  A. Okay. Q. You would agree? A. Yes. Q. Now	12 13 14 15 16 17 18 19 20 21	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.  Q. Well, that makes perfect sense then.  So, that second call,
11 12 13 14 15 16 17 18 19 20 21 22	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?  A. Okay. Q. You would agree? A. Yes. Q. Now MR. YOUNG: Hang on. I	12 13 14 15 16 17 18 19 20 21 22	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.  Q. Well, that makes perfect sense then.  So, that second call, unreferred, which looks like it was done
11 12 13 14 15 16 17 18 19 20 21	A. I think that's a way of noting. That's the physician asking that the admitting resident be called so that we could discuss the admission of the patient to a service.  Q. So there was a call to the admitting resident around 14:00?  A. Okay. Q. You would agree? A. Yes. Q. Now	12 13 14 15 16 17 18 19 20 21	resident team has a spot open for this patient to be admitted to the resident service. If the answer is "no" and the services are filled, then the patient goes to unreferred and then a call comes to me to admit to what's called the non-teaching service.  Q. Well, that makes perfect sense then.  So, that second call,

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	Page 46		Page 48	
1	A. The call to me I thought	1	(On video record.)	
2	I saw a note that specifically talks	2	THE VIDEOGRAPHER: The time	
3	about the call to me in another part of	3	is 11:14 a.m. We are back on the	
4	the chart. There's a point at which my	4	record.	
5	name is mentioned as a person called.	5	BY MR. AUSSPRUNG:	
6	Q. Okay. Can you identify that	6	Q. Doctor, you just had a	
7	for me? Take your time, if you can find	7	chance to look through the ER record.	
8	it.	8	Did you find when you were contacted?	
9	A. Okay.	9	A. I didn't find what I was	
10	MR. YOUNG: Can we go off	10	looking for in reviewing it. I did not	
11	the tape just for a moment,	11	find.	
12	please?	12	Q. Did you find anything?	
13	MR. AUSSPRUNG: Sure.	13	A. I find notes that begin to	
14	THE VIDEOGRAPHER: The time	14	say orders that I placed.	
15	is 11:12 a.m. We are off the	15	Q. And it looks like, would you	
16	record.	16	agree, that the first order that's placed	l
17	(Off video record.)	17	by you is the Physician Group Consult	į
18	MR. YOUNG: On the paper	18	Routine NSO by Turner, MD, at 15:57?	ĺ
19	record, Dr. Aussprung, you asked	19	A. Yes.	ļ
20	me for a copy of the order	20	Q. Do you have a sense of how	l
21	protocol for chest pain, and I	21	long it took you between when you were	
:22	have been given what I believe is	22	called by the emergency department and	
23	that order protocol. I'm not able	23	when you actually came down to the	
24	to tell you when this work	24	emergency department? Was it 5 minutes,	
	Page 47		Page 49	
1	protocol was in force. I believe	1	30 minutes, an hour?	
2	it is the one that you and I	2	A. On that day I was able to	
3	talked about and I'm happy to give	3	come down immediately.	
4	you a copy. And we'll follow up	4	Q. So you believe, based upon	
5	just to confirm by letter that we	5	this record, that you arrived sometime	
6	provided it.	6	shortly after 14:08 p.m.?	l
7	Does anybody else want this?	7	MR. CAMHI: Sometime after	1
8	MR. CAMHI: Thanks.	8	what?	-
9	MR. YOUNG: As you can see,	9	MR. AUSSPRUNG: 14:08, when	
10	just by way of formatted, it	10	the call was entered on the chart.	l
11	appears as presented to be almost	11	THE WITNESS: Can we go off	
12	right off the computer set of	12	the record for a minute again?	
13	orders, if you will.	13	BY MR. AUSSPRUNG:	
14	So, that's all we have, I	14	Q. Sure.	l
15	think, that is representative of	. 15	THE VIDEOGRAPHER: The time	I
16	the protocol you asked for, but	16	is 11:15 a.m. We are off the	
17	we'll certainly double check.	17	record.	
18	THE WITNESS: I see.	18	(Off video record.)	
19	MR. YOUNG: Hang on. Have	19		
20	you found what you were looking	20	(Whereupon, a brief recess	
21	for?	21	was taken.)	
22	THE WITNESS: Yes.	22	mire line of a pitter. The disc	
23	MR. AUSSPRUNG: Let's go	23	THE VIDEOGRAPHER: The time	
24	back on the video.	24	is 11:17 a.m. We're back on the	_

	Page 50	Page 52
1 record.	1	AMH 0026, which is part of the emergency
2 THE WITNESS: I for		room record. I'll hand that to you.
3 entry in the emergency do		Doctor, can you tell from
4 notes on page 26. The sec		this document approximately what time you
5 says Dr. Green, Departme	· · · · · · · · · · · · · · · · · · ·	came down to the emergency department?
6 Medicine, is this an AO ac	· · · · · · · · · · · · · · · · · · ·	A. I can't tell that, no.
7 meaning is this a resident	· · · · · · · · · · · · · · · · · · ·	Q. What can you tell from this
8 admission, not an AO adm		document?
9 So, that time will prob		A. There's an entry that talks
10 give me an idea of when i		about the admitting resident being
determined that the patien	· · · · · · · · · · · · · · · · · · ·	notified, and then it says not an AO
going to be admitted to the		admission. The next line is patient
13 non-teaching medical serv	·	being admitted to observation status.
14 BY MR. AUSSPRUNG:	14	That's like an admission order. And the
15 Q. Okay. I don't know v	i i	next note is about the nurses calling
16 you're referring to because I do	· ·	report to the floor.
believe it's been marked.	17	It doesn't shed any light on
18 A. Yes.	18	the time that I came down to see the
19 Q. Is this part of that	19	patient, this document.
20 inpatient medical record?	20	Q. Do you believe that second
21 A. It's part of the emerging	l l	order that's February 22nd at 14:29
22 department record. It's that last	/	A. Yes.
23 it's the last page of that. Let m		Q it reads, Diagnosis:
24 find it in the packet you gave i	· · · · · · · · · · · · · · · · · · ·	Chest pain; correct?
2 1 mark in the product you gave i	Page 51	Page 53
1 6	_	
1 referring to this portion right the		<ul><li>A. NOS, yes.</li><li>Q. What does "NOS" mean?</li></ul>
2 MR. YOUNG: Can w		•
the tape just for a second		A. Nonspecific.
4 not testifying?	ER: The time 5	Q. It means not otherwise
5 THE VIDEOGRAPH	1	specified; correct?  A. Um-hum.
6 is 11:18 a.m. We are off t record.	ne 5	Q. And what is Diagnosis 2?
	8	•
8 (Off video record.)	· •	<ul><li>A. Epigastric pain.</li><li>Q. So, when you were notified</li></ul>
9 MR. YOUNG: Let m	10	of the admission, was that your working
1.0 this.	11	diagnosis, what you were initially told
11 (Whereupon, a brief r	1	was chest pain?
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ecess   12   13	A. No. I was told I had an
13 was taken.)	14	admission to the ER.
14 Evhibit	Į.	
15 (Whereupon, Exhibit	· · · ·	Q. Do you have any understanding as to why it says
16 was marked for identifica	10n.)   10   17	diagnosis, chest pain here?
17 (On video record)	118	A. The triage nurse's note
18 (On video record.)	1	<del>_</del>
19 THE VIDEOGRAPH		notes that that's the complaint that Mr.
20 is 11:24 a.m. We are back	c on the   20   21	Strimber had when he came into the triage
21 record.	21 22	booth.
22 BY MR. AUSSPRUNG:	1	Q. And he had received morphine
Q. Okay, Doctor. I've r	1	prior to your seeing him; correct?
24 as Exhibit-5 what's been Bates	s stamped 24	A. For the abdominal pain.

Page 54	1
1 2 3 3 .	Page 56
1 Q. Well, does morphine only 1 He went to a medical floor	
2 treat pain in the abdomen? 2 telemetry, but he went in u	ınder
3 A. It does not. 3 observation status.	<b>\$</b>
4 Q. Okay. 4 Q. Meaning the exp	ectation was
5 A. But the indication for the 5 he would be less than 24 h	ours?
6 pain was not for chest pain. The 6 A. Correct.	l l
7 indication for the morphine was abdominal 7 Q. Then it says, not	
8 pain in the ER. 8 admission. What does tha	t mean?
9 Q. Do you believe that the 9 A. Not an admitting	resident
10 patient never had any chest pain? 10 service, not a resident serv	vice
11 A. I believe he reported he had 11 admission.	
12 chest pain to the triage nurse. 12 Q. Okay. Meaning	that it was
13 Q. Do you believe the patient 13 being covered by you as the	
14 never had any chest pain? 14 service?	,
15 A. Do I believe the patient 15 A. That's correct.	
16 never had any 16 Q. Then the next ore	der, you
17 Q. Never actually had chest 17 said that's a call to the floor	
18 pain. 18 nurse about him coming u	
19 A. I believe the patient had 19 A. The next the n	
20 chest pain. 20 time of 14:29?	•
21 Q. And why do you believe that? 21 Q. Right.	
22 A. I don't have any reason to 22 A. Observation, tele	emetry.
23 doubt what he spoke to the triage nurse 23 admit.	
24 about. 24 Q. And there's an ac	dmitting bed
Page 55	Page 57
1 Q. And in fact, you now know 1 assigned, 3H02?	
2 today that he had a thoracic aortic 2 A. Yes. That's an a	dmission.
3 aneurysm; correct? 3 Q. So, that's a call t	o an
4 A. I do. 4 administrative person abo	
5 Q. And that would be consistent 5 bed?	· .
6 with chest pain; correct? 6 A. To the bed, to the	e board,
7 A. That would be. 7 yes.	
8 Q. And then this had some other 8 Q. Do you have any	<b>y</b>
9 things in it. So after it has the two 9 understanding as to wheth	
10 diagnoses it says, IP Area Request: 10 saw the patient before or a	
11 Observation, dash, Telemetry. 11 a decision to admit the pa	
12 What does that mean? 12 observation area?	
13 A. IP probably means inpatient 13 A. Yes.	
14 area requested. Observation status is 14 Q. What's your und	lerstanding?
15 the status the patients are admitted to 15 A. The decision to	=
16 for the evaluation of symptoms that are 16 made and then I'm called.	
17 felt to require a less than 24-hour 17 Q. So you believe t	
18 evaluation, observation. 18 decision to admit to the ol	
19 Q. So he went to an inpatient 19 telemetry unit was made to	
20 observation area? 20 A. It's usually made	
21 A. That is correct. 21 emergency unit physician	· ·
22 Q. He didn't go to, like, a 22 Q. You did not mal	
23 medical floor though? 23 decision for Mr. Strimber	
24 A. He went to a medical floor. 24 A. No.	

	Page 58	<b></b>	Page 60
1 ,		1	MR. YOUNG: Did you say
1 2	Q. You were informed of the decision?	2	13:56 or 15:56?
3	A. Yes.	3	MR. AUSSPRUNG: I meant
4	_	4	15:56. I may have misspoke. I
5	* * *	5	apologize if I did.
6	attending? A. Yes.	6	MR. YOUNG: No problem.
7	Q. Let me go back to those	7	BY MR. AUSSPRUNG:
1		8	Q. I think we're all in
8	orders I was talking about on the third	9	agreement it was slightly before 4 p.m.
9	page of the one I marked.	10	when you put your orders in; right?
10	A. Yes. Page 3, yes.	11	A. Yes.
11	Q. Okay. I'm going through	12	
12	some of these orders. We got down to		
13	we talked about the physician consult,	13	wrote is Physician Group Consult. What
14	dash, unreferred. And then it says,	14	is that?
15	patient placed in observation status, and	15	A. I think that entry might
16	I see that is an order by Dr. Fisher who	16	refer to the patient being admitted to
17	is the ER attending; right?	17	the medical service. I don't think
18	A. Yes.	18	that's a consult, per se. I think that's
19	Q. And it looks like the next	19	a note that talks about him being
20	order, at least on this list, is the	20	admitted to the medical service. There's
21	first order I see by you.	21	not a name of a doctor right after that
22	A. Yes.	22	so I don't think that's a consult to a
23	Q. And it's a nutrition order	23	particular physician. I think that's the
24	timed at 15:56; correct?	24	terminology for admitting to the medical
	Page 59		Page 61
1	A. Yes.	1	service, the hospital of service.
2	Q. So, do you believe that by	2	Q. In February of 2012 when you
3	15:56 you had already seen the patient	3	saw Mr. Strimber, were you an attending
4	and done your H&P?	4	physician?
5	A. Yes.	5	A. Yes.
6	Q. You did your whole H&P	6	Q. Would you refer to yourself
1_7_	before you wrote any orders?	7	as a hospitalist?
8	A. I performed it. Writing it	8	A. I refer to my the term at
9	on the chart is a different time.	9	Abington is daylighter. It's a house
10	Q. Sometimes people write	10	physician.
111	orders before they finish their whole	11	Q. I saw that in the contract.
12	history and physical?	12	A. Yes.
13	A. Exactly.	13	Q. Would you call yourself a
14	Q. So I'm just trying to figure	14	hospitalist though?
15	out, did you do your entire history and	15	A. I would not.
16	physical and then did you dictate it or	16	Q. Now, did you have privileges
17	did you write orders? What did you do	17	at Abington in February of 2012 to admit
18	after your history and physical?	18	a patient to your service if you so
19	A. I put orders in so that I	19	desired?
20	put orders in.	20	A. No.
21	Q. So, you believe that 13:56	21	Q. Your privileges were for
22	was shortly after you finished your	22	admitting patients who were always under
23	history and physical?	23	some other attending physician?
24		24	A. That is correct.
1 24	A. I think, yes.	1 47	11, 1140 15 0011000

T	Page 62		Page 64
1	Q. And in the case of Mr.	1	O. You placed the patient on
2	Strimber, that was whoever was attending	2	oxygen?
3	on the Green team that day?	3	A. Yes.
4	A. That's correct.	4	Q. Why?
5	Q. Because they were the ones	5	A. I don't recall.
6	taking admissions?	6	Q. What was the patient's
7	A. That's correct.	7	oxygen saturation in the emergency
8	Q. And my understanding, from	8	department; did you know?
9	conversations among Counsel, is that that	9	A. I would have to look at it
10	attending was a Dr. Rampure that day?	10	to see that number.
11	A. That's correct.	11	Q. You can look.
12	Q. Is that your recollection?	12	A. I do not see an O2 set
13	A. Yes.	13	recorded in the place where vital signs
14	Q. Just going down the list,	14	where that normally would appear.
15	there's an order that you wrote that says	15	MR. CAMHI: There's a whole
16	"Doc to Nurse." What is that?	16	list of them.
17	A. It doesn't say what that	17	THE WITNESS: Which page?
18	order is, so.	18	MR. YOUNG: On the second
19	<ul> <li>Q. Do you have an understanding</li> </ul>	19	page.
;20	of what it is?	20	MR. CAMHI: Yeah.
21	A. I would have to see the	21	THE WITNESS: Second page of
∤22	order that I gave to interpret that. It	22	this?
23	doesn't say it. If we match that time to	23	BY MR. AUSSPRUNG:
24	orders, we might be able to discern what	24	Q. Yes.
	Page 63		Page 65
1	Page 63 happened at 16:01.	1	MR. CAMHI: Under the
2	happened at 16:01.  Q. Is there somewhere else that	2	MR. CAMHI: Under the heading of "vital signs."
	happened at 16:01.	2 3	MR. CAMHI: Under the heading of "vital signs." THE WITNESS: I have it,
2 3 4	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?	2 3 4	MR. CAMHI: Under the heading of "vital signs." THE WITNESS: I have it, okay. 02 set, okay. I see those,
2 3 4 5	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders	2 3 4 5	MR. CAMHI: Under the heading of "vital signs." THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.
2 3 4 5 6	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to	2 3 4 5 6	MR. CAMHI: Under the heading of "vital signs." THE WITNESS: I have it, okay. 02 set, okay. I see those, yes. BY MR. AUSSPRUNG:
2 3 4 5 6	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says	2 3 4 5 6 7	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG: Q. So, I see that there are at
2 3 4 5 6 7 8	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says  16:01. I see a 16:04 order entered for	2 3 4 5 6 7 8	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range
2 3 4 5 6 7 8 9	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says  16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse	2 3 4 5 6 7 8 9	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent;
2 3 4 5 6 7 8 9	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says  16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was	2 3 4 5 6 7 8 9	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?
2 3 4 5 6 7 8 9 10	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I	2 3 4 5 6 7 8 9 10	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.
2 3 4 5 6 7 8 9 10 11 12	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in	2 3 4 5 6 7 8 9 10 11 12	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding
2 3 4 5 6 7 8 9 10 11 12 13	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three	2 3 4 5 6 7 8 9 10 11 12 13	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were
2 3 4 5 6 7 8 9 10 11 12 13 14	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.	2 3 4 5 6 7 8 9 10 11 12 13	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were done on room air?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to	2 3 4 5 6 7 8 9 10 11 12 13 14 15	MR. CAMHI: Under the heading of "vital signs." THE WITNESS: I have it, okay. 02 set, okay. I see those, yes. BY MR. AUSSPRUNG: Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct? A. Yes. Q. Is it your understanding that those oxygen saturation levels were done on room air? A. It says "room air" beside
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were done on room air?  A. It says "room air" beside it.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a normal order?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were done on room air?  A. It says "room air" beside it.  Q. Okay. So, did the patient
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a normal order?  A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were done on room air?  A. It says "room air" beside it.  Q. Okay. So, did the patient have an abnormal AA gradient?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a normal order?  A. Yes.  Q. We're not sure, but I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were done on room air?  A. It says "room air" beside it.  Q. Okay. So, did the patient have an abnormal AA gradient?  A. No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a normal order?  A. Yes.  Q. We're not sure, but I understand what you're saying.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG: Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes. Q. Is it your understanding that those oxygen saturation levels were done on room air? A. It says "room air" beside it. Q. Okay. So, did the patient have an abnormal AA gradient? A. No. Q. So the patient had normal
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a normal order?  A. Yes.  Q. We're not sure, but I understand what you're saying.  All right. Going onto the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	MR. CAMHI: Under the heading of "vital signs."  THE WITNESS: I have it, okay. 02 set, okay. I see those, yes.  BY MR. AUSSPRUNG:  Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct?  A. Yes.  Q. Is it your understanding that those oxygen saturation levels were done on room air?  A. It says "room air" beside it.  Q. Okay. So, did the patient have an abnormal AA gradient?  A. No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	happened at 16:01.  Q. Is there somewhere else that there are orders written concerning these things other than here?  A. I see medication orders follow. And if I can match something to that time I could perhaps that says 16:01. I see a 16:04 order entered for Zofran. And it could be that the nurse asked me a question, told me it was you know, he was feeling nauseated, and I said, okay, I'm going to put an order in for Zofran, and that order appeared three minutes later.  Q. So, it could be the doc to nurses kind of a way that they chart a normal order?  A. Yes.  Q. We're not sure, but I understand what you're saying.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. CAMHI: Under the heading of "vital signs." THE WITNESS: I have it, okay. 02 set, okay. I see those, yes. BY MR. AUSSPRUNG: Q. So, I see that there are at least four 02 stats reported at range between 94 percent and 97 percent; correct? A. Yes. Q. Is it your understanding that those oxygen saturation levels were done on room air? A. It says "room air" beside it. Q. Okay. So, did the patient have an abnormal AA gradient? A. No. Q. So the patient had normal oxygen saturations on room air; correct?

	Page 66		Page 68
1	Q. Was that an order that you	1	orders that I'm doing for admission, that
2	standardly gave to certain types of	2	just it doesn't require you to choose
3	patients?	3	it or not. It comes up.
4	A. No.	4	Q. Well, when you have patients
5	Q. One of the things that you	5	that are being evaluated for chest pain
6	were doing when you admitted the patient	6	with serial cardiac enzymes, do you
7	was that you were going to continue	7	routinely place those patients on some
8	getting additional serial cardiac	8	amount of supplemental oxygen?
9	enzymes; correct?	9	A. I don't always do that.
10	A. That's correct.	10	Q. Why did you place I guess
11	Q. Because you had not	11	it wasn't you. You didn't make the
12	completely ruled out some myocardial	12	decision to place him on telemetry;
13	ischemia; correct?	13	correct?
14	A. Correct.	14	A. I did not.
15	Q. You had one set of enzymes	15	Q. What was your understanding
16	when you saw the patient that were	16	as to why Mr. Strimber was placed on a
17	negative; right?	17	telemetry unit?
18	A. That's correct.	18	A. My understanding was that
19	Q. But you need three sets to	19	was because he complained of chest pain
20	send the patient home; correct?	20	when he came in.
21	A. May I elaborate a little on	21	Q. And as I go down now to the
22	the question?	22	telemetry order, the two orders after
23	Q. Sure. If it's not a "yes"	23	that both deal with cardiac troponins.
24	or "no," then feel free.	24	Those are cardiac enzymes; correct?
	Page 67		Page 69
1	A. Because of the complaint he	1	A. That's correct.
2	gave to the triage nurse of chest pain, I	2	Q. And that's to finish out the
3	felt the need to consider further that	3	serial cardiac enzymes?
4	evaluation during his admission. So, I	4	A. That's correct.
5	ordered those to not ignore a complaint	5	Q. And that would be for a
6	he had when he came in. Even though he	6	ruling out a heart attack; correct?
7	didn't have it when I spoke to him, I	7	A. Correct.
8	thought it was imperative of me to do the	8	Q. Now, you told me that when
9	appropriate evaluation to evaluate that	9	you saw the patient he was no longer
10	further, and I did that through	10	complaining of any pain; correct?
11	telemetry, cardiac enzymes, EKG, and a	11	A. That is correct.
12	cariology consult.	12	Q. So, if you go to page 23 of
13	Q. Did you place him on oxygen	13	the packet I handed you.
14	because of the ongoing cardiology workup?	14	A. Yes.
15	A. No.	15	Q. This is in orders now. If
16	Q. Did you place him on oxygen	16	you look at this, there's one order for
17	because of his abdominal pain?	17	morphine sulfate at the top and then
18	A. No.	18	there's a second order for morphine
19	Q. Well, oxygen is a drug;	19	sulfate which looks like it's your order;
20	correct?	20	correct?
21	A. It is.	21	A. Yes.
22	Q. Why did you give this drug?	22	Q. So, this looks like at
23	A. I had the feeling that it's	23	around 15:59 you ordered morphine every
24	one of those things that on the grid of	24	four hours as needed; correct?

	Page 70		Page 72
1	A. Correct.	1	BY MR. AUSSPRUNG:
2	Q. Now, if you go to the page	2	Q. If you look on that report,
3	before that, there's a little chart, the	3	it actually says, reason for study,
4	Medication Administration Summary in the	4	aortic aneurysm without rupture?
5	ER?	5	MR. YOUNG: May I have it,
6	A. Yes.	6	please?
7	Q. And it looks like three	7	BY MR. AUSSPRUNG:
8	well, there's three doses of morphine, it	8	Q. That's what it says;
9	looks like. One of them is held at	9	correct?
10	16:04, and the other two doses are given	10	A. That's placed by the ER,
11	at 15:38 and 15:40. Do you see that?	11	yes.
12	A. I see it.	12	Q. But that was the reason
13	Q. So, why did the patient get	13	given for the study; correct?
14	morphine at 15:38; do you know?	14	A. Yes, yes.
15	A. I would think that the	15	Q. Now, did you know that you
16	morphine would be in response to having	16	could have aortic aneurysms in the
17	pain.	17	abdomen, but you could also have them in
18	Q. Do you know where that pain	18	the thorax?
19	was?	19	A. Yes.
20	A. I would think it would be	20	Q. Why was it that did you
21	abdominal pain.	21	have an did you have a differential
:22	Q. And you knew when you saw	22	diagnosis which included a thoracic
23	the patient in the emergency department	23	aortic aneurysm?
24	that the one cardiac troponin that had	24	MR. YOUNG: Did you say did
	Page 71		Page 73
1	been ordered was negative; correct?	1	she or did you say why was it she
2	A. I knew that.	2	did?
3	Q. And you knew that a CAT scan	3	MR. AUSSPRUNG: No.
4	had been done of the abdomen only;	4	BY MR. AUSSPRUNG:
5	correct?	5	Q. Did you, at the time, you
6	A. Correct.	6	were caring for Mr. Strimber, have a
7	Q. And what was your	7	differential diagnosis that included
8	understanding as to why the CAT scan was	8	thoracic aortic aneurysm?
9	ordered?	9	<ul><li>A. I did not.</li><li>Q. You knew that they had</li></ul>
10	A. It was done to evaluate the	10	looked for an abdominal aortic aneurysm;
11	abdominal pain. And also, Dr. Fisher's	11 12	correct?
12	note indicated, I believe, that he felt a	13	A. Yes.
13	pulsation. So, it was done to exclude an	14	Q. You knew he had an
14	abdominal aortic aneurysm.	15	artificial valve?
15	Q. And in fact, if you look on	16	A. Yes.
16	the report, which I'll go ahead and mark	17	Q. Did you have an
17	as Exhibit-6 of the CAT scan, you had the	18	understanding as to whether or not the
18	CAT scan report available to you at the	19	artificial valve placed the patient at
19	time?	20	increased risk of developing a thoracic
20	A. Yes, I did.	21	aortic aneurysm?
21	(Whereupon, Exhibit Turner-6	22	A. It does and I knew that.
22 23	was marked for identification.)	23	Q. You know that it does create
23	was marked for identification.	24	

	Page 74		Page 76
1	at the time?	1	provided additional information as to
2	A. Yes.	2	whether there was a concern in the
3	Q. Why did you not consider	3	thoracic aorta; correct?
4	obtaining additional studies to rule out	4	A. It might have.
5	a thoracic aortic aneurysm?	5	Q. Okay. Was it your
6	A. The absence of the patient's	6	understanding that the patient in the
7	chest pain at the time, and I also made	7	emergency department was following the
8	plans for further evaluation by obtaining	. 8	chest pain orders protocol?
9	the cardiology consult and doing the	9	MR. CAMHI: Can you repeat
10	enzymes and EKGs that I mentioned.	10	that, please? You said the
11	Q. When you saw the patient,	11	patient was following a protocol?
12	had he had a chest x-ray?	12	MR. AUSSPRUNG: Yes. I'm
13	A. No.	13	sorry.
14	Q. Why not?	14	BY MR. AUSSPRUNG:
15	MR. YOUNG: Why are you	15	Q. Memorial Hospital has, I'm
16	asking her why somebody else	16	sure, a lot of policies and procedures.
17	hadn't ordered one before she saw	17	One of them is titled Protocol Orders.
18	the patient?	18	Are you familiar with the
19	MR. AUSSPRUNG: Yes.	19	protocol orders established by the
20	MR. YOUNG: If she knows.	20	hospital?
21	Thank you.	21	A. No.
22	THE WITNESS: I don't know	22	Q. There's a set of protocol
23	why, but I would say that the	23	orders on chest pain. Are you familiar
24	absence of shortness of breath and	24	with that at all?
***************************************	Page 75		Page 77
1	chest pain at my time might have	1	A. Yes.
2	been why. And also, the CT of the	2	Q. Was it your understanding
3	abdomen viewed part of the thorax.	3	that all patients complaining of chest
4	And perhaps that amount of	4	pain would get chest x-rays?
5			
	information was sufficient not to	5	A. No.
6		6	Q. Why not?
	information was sufficient not to	6 7	Q. Why not? A. I think it's an individual
6	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:	6 7 8	Q. Why not? A. I think it's an individual decision about whether or not that study
6 7	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.	6 7 8 9	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated.
6 7 8	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:	6 7 8 9 10	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr.
6 7 8 9 10 11	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic	6 7 8 9 10 11	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber?
6 7 8 9 10 11 12	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?	6 7 8 9 10 11 12	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him,
6 7 8 9 10 11 12 13	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?  A. I'm aware. And the CAT scan	6 7 8 9 10 11 12 13	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no.
6 7 8 9 10 11 12 13 14	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.	6 7 8 9 10 11 12 13 14	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned
6 7 8 9 10 11 12 13 14 15	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic aneurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes	6 7 8 9 10 11 12 13 14 15	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure
6 7 8 9 10 11 12 13 14 15 16	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic aneurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic	6 7 8 9 10 11 12 13 14 15 16	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct?
6 7 8 9 10 11 12 13 14 15 16 17	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic ancurysms or aortic dissections that can	6 7 8 9 10 11 12 13 14 15 16 17	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct.
6 7 8 9 10 11 12 13 14 15 16 17 18	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic ancurysms or aortic dissections that can be worrisome for thoracic ancurysms;	6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct. Q. To ensure additional cardiac
6 7 8 9 10 11 12 13 14 15 16 17 18	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic ancurysms or aortic dissections that can be worrisome for thoracic ancurysms; correct?	6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct. Q. To ensure additional cardiac enzymes would be ordered; correct?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic aneurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic aneurysms or aortic dissections that can be worrisome for thoracic aneurysms; correct?  A. That is correct.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct. Q. To ensure additional cardiac enzymes would be ordered; correct? A. Correct.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic aneurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic aneurysms or aortic dissections that can be worrisome for thoracic aneurysms; correct?  A. That is correct.  Q. He can have a widened	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct. Q. To ensure additional cardiac enzymes would be ordered; correct? A. Correct. Q. But you didn't feel a chest
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic ancurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic ancurysms or aortic dissections that can be worrisome for thoracic ancurysms; correct?  A. That is correct.  Q. He can have a widened mediastinum; correct?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct. Q. To ensure additional cardiac enzymes would be ordered; correct? A. Correct. Q. But you didn't feel a chest x-ray was needed?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	information was sufficient not to require him to be subjected to the radiation of a chest x-ray.  BY MR. AUSSPRUNG:  Q. Well, the kind of thoracic ancurysm that a valve places a patient at risk for is an ascending thoracic aneurysm; correct?  A. I'm aware. And the CAT scan of the abdomen did not view that area.  Q. So, a chest x-ray sometimes has findings when you have aortic aneurysms or aortic dissections that can be worrisome for thoracic aneurysms; correct?  A. That is correct.  Q. He can have a widened	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Why not? A. I think it's an individual decision about whether or not that study is indicated. Q. Was it indicated in Mr. Strimber? A. At the time that I saw him, I didn't feel so, no. Q. So, you were concerned enough about his cardiac status to ensure that he was on telemetry; correct? A. Correct. Q. To ensure additional cardiac enzymes would be ordered; correct? A. Correct. Q. But you didn't feel a chest



	Page 78		Page 80
1	you order a PT?	1	through it. Is the whole seven pages
2	A. A PT is part of standard	2	your history and physical or have I
3	admission orders.	3	over-included something?
4	Q. Well, Mr. Strimber had an	4	A. That was it looks like it
5	artificial valve; correct?	5	was repeated. I updated some information
6	A. Correct.	6	at the end. I went back to put some
7	Q. Was he on Coumadin?	7	additional data in so it made it repeat
8	A. That was another reason. He	8	some of the things. CAT scan is in there
9	was on Coumadin, yes.	9	twice.
10	Q. He was on Coumadin, okay.	10	Q. And it's your memory and
11	A. Yes.	11	general practice that you would first do
12	Q. So, what effect does that	12	orders and then I don't know did
13	have on the danger that Mr. Strimber	13	you enter your H&P into the computer?
14	would face if he was in fact bleeding?	14	A. Yes.
15	A. It would increase his	15	Q. So, you do your orders and
16	danger. We measure prothrombin level,	16	then do your history and physical?
17	which was in the therapeutic range for	17	A. Yes.
18	someone with an aortic valve and on	18	Q. So it looks like this
19	Coumadin. I think it was 2.8.	19	history and physical on page 1 created
20	Q. But his INR was appropriate	20	initially at 14:09, which is
21	for somebody on Coumadin?	21	MR. CAMHI: 4:09.
22	A. That's correct.	22	BY MR, AUSSPRUNG:
23	Q. He was anticoagulated?	23	Q. I'm sorry, 4:09 p.m., you
24	A. Therapeutically, yes.	24	believe that time to be about accurate?
	Page 79		Page 81
1	Q. And that meant that if he	1	A. Yes.
2	did bleed, his blood would not clot as	2	Q. Do you have any reason to
3	quickly or as well as somebody not on any	3	think it's not?
4	coagulation therapy?	4	A. No.
5	A. That is correct.	5	Q. And as the chief complaint,
6	Q. Are EKG abnormalities common	6	what did you write?
7	in thoracic aortic aneurysms?	7	A. Chest, epigastric, back
- 8	A. They could be present.	8	pain, nausea, vomiting, diarrhea.
9	Q. Were any present on his EKG?	9	Q. So you were under the
10	A. His initial EKG in the ER	10	understanding the patient's chief
11	did not show evidence of an acute	11	complaint included chest pain; correct?
12	process.	12	A. I obtained that from the ER
13	Q. That brings us to your	13	triage information, yes.
14	history and physical.	14	Q. Well, this was your chief
15	A. Okay.	15	complaint, right, or was this somebody
16	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	16	else's chief complaint?
17	(Whereupon, Exhibit Turner-7	17	A. That's written in my chief
18	was marked for identification.)	18	complaint.
19	DYAM AMOODDIDIO	19	Q. The back pain, was that pain
20	BY MR. AUSSPRUNG:	20 21	from the chest and/or epigastric that
21	Q. I'm marking your history and	22	went through to the back or was the back
22	physical as Exhibit-7.	23	pain separate?  A. I would refer to history of
23	Now, the document that I've	24	present illness to see if I described
24	marked here is seven pages long. Flip	24	bresent uniess to see it i described

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1	that further in that part of things.	1	Q. So then let's go to the
2	Q. Okay. Please, do.	2	fourth page, which is page 13, at the
3	A. Patient is 61-year-old	3	bottom where it says "Plan Comments."
4	I'm going to read that.	4	Is this your, like,
5	Q. Okay.	5	assessment?
6	A. 61-year-old male who is	6	A. That is, yes.
7	status post valve replacement surgery	7	Q. Your assessment was that the
8	there seems to be a question at the time	8	patient had chest, epigastric, and back
9	that I talked to him whether it was	9	pain; correct?
10	aortic valve and questionably also the	10	A. Correct.
11	mitral valve who presents to the ER	11	Q. What does "NC CL" mean?
12	for evaluation of legs vibrating and	12	A. Noncontrast CT.
13	abdomen feeling like it is going to	13	Q. Oh, noncontrast CT of the
14	explode. Patient reports that abdominal	14	abdomen done.
15	pain is mid epigastric. He had one	15	A. Uh-huh. Telemetry, trend
16	episode of diarrhea yesterday and has	16	cardiac enzymes, EKG, anti emetics and
17	vomited once in the ER. He describes	17	analgesics.
18	eating radishes, tomatoes, eggs, and lox	18	Q. Okay. And number 2, you
19	today and feeling these symptoms after	19	wrote history of the valve replacement
20	that. Patient had non-contrast CT of the	20	surgery. Why did you list that as number
21	abdomen in the ER and is admitted for	21	2 in your plan comments?
22	further evaluation of management.	22	A. I thought it was an
23	I didn't mention back pain	23	important thing to keep as a priority.
24	in that development of my HPI.	24	Q. What was important about it?
	Page 83		Page 85
1.1	Q. So, do you have an	1	A. That certainly a patient
2	understanding as to whether the back pain	2	whose had that kind of surgery is someone
3	was something that came through from the	3	who requires attention that the
4	front or was separate?	4	presence of that surgery in his past is
5	A. You're asking whether I	5	something that should be part of what
6	thought it was a separate issue than what	6	we're considering or keeping in mind with
7	I reported here or whether where did	7	him.
8	it come from when I mentioned it up at	8	Q. Did you, at the time, have any suspicion that his history of valve
9	the top in the chief complaint?	10	replacement was in any way related to the
10	Q. A lot of people complain of	11	pain he was having?
11 12	back pain; correct? It's a common complaint, especially in the emergency	12	A. I didn't at that time.
13		13	Q. Now, down at the bottom of
14	department; right? A. Yes.	14	this page it says "Edit History."
15	Q. Okay. So, my question is,	15	A. Yes.
16	did you believe that the back pain was	16	Q. Can you explain to me why it
17	related to the epigastric pain or did you	17	says "edit"?
18	believe it was not related to the	18	A. I was reading that to see if
19	epigastric pain?	19	anything else was written there that was
20	A. I couldn't tell.	20	different than mine, than what I said.
21	Q. Now, I see there's a lot of	21	That entire statement is the same, but I
22	lab results and CAT scan results. Do you	22	wondered but I think the issue is when
23	cut and paste those into your H&P?	23	you go to the next page. The computer
24	A. Yes.	24	updates it every time you add something



<u></u>		Page 86	***************************************	Page 88
	1	to it. And what I noticed to be	1	things to get going, I went back to the
	2	different about that was that when you	2	computer to finish up my history and
	3	look at my assessment plan, there's a	3	physical.
1	4	point in my yeah, when you go back to	4	Q. So you hadn't finished it
	5	the last page, page 16, on Comments, I	5	when you entered it the first time?
l	6	adjusted my plans for him and I added	6	A. Correct.
	7	some things. And that was mainly the	7	Q. What else did you add?
-	8	cardiology consult I added for the	8	A. That's the only thing that I
	9	evaluation of problem number 1. And I	9	see different that I added.
	10	think with the valve replacement I also	10	Q. Let's go to page 16. It's
l	11	put cardiology there, that I would await	11	the last page of that document where you,
	12	their recommendation concerning his	12	again, have your comments, your
		Coumadin with the INR of 2.8.	13	assessment, and plan?
	13	So, whenever you make a new	14	A. Yes.
	14	50, whenever you make a new	15	Q. All right. Again, you wrote
	15	whenever you add something different,	16	chest, epigastric, and back pain;
	16	the computer updates the whole thing.	17	correct?
	17	So, I added cardiology to my notes to	18	A. Correct.
	18	indicate that I placed that consultation,	19	Q. And it looks like the first
1	19.	so the computer updated the whole thing.	20	four things were entered by you at
l	201	So, that's why it was edited.	21	4:15:46 p.m.; correct?
•	21	Q. I want to go back to page	22	A. Yes.
1	22	13.	23	Q. And then you went back and
1	23	A. Okay.	23	you edited those four things at 8:20
-	24	Q. If I look over to where it	24	Page 89
		Page 87		_
1	10	says "Edit History," I look over to the	1	p.m.; correct?
	2!	right-hand column. The first four lines,	2	A. Just to add well, to add
ı	3	it looks like, are edited by you at	3	the cardiology consult. I wanted to
l	4	4:28:30 p.m.; correct?	4	place that.
ŀ	5	A. Yes.	5	MR. YOUNG: Let me object to
	6	Q. And then the last from	6	the word "edit." I think what
1	7	there down, it's edited by you at 8:20:12	7	she's testified to is that she's
1	- 8	p.m.	8	adding information.
	9	A. That's when I got back to	9	MR. AUSSPRUNG: Fair enough.
3	10	finishing up back to my chart to	10	BY MR. AUSSPRUNG:
	11	C 1 t 11 15 to an about dome	4 7 7	( )
		finish up the things that I had done	11	Q. So, what information is
	12	earlier. That doesn't mean the time that	12	present at 8:20 that's not at 4:15 in
	12 13		12 13	present at 8:20 that's not at 4:15 in that note?
777711177711177	12 13 14	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.	12 13 14	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read
	12 13 14 15	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the	12 13 14 15	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing
	12 13 14 15 16	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?	12 13 14 15 16	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology
	12 13 14 15 16 17	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that	12 13 14 15 16 17	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.
	12 13 14 15 16	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that happened around 8:10.	12 13 14 15 16 17 18	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.  Q. Right. And it looks to me
	12 13 14 15 16 17	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that happened around 8:10.  Q. So after the patient had a	12 13 14 15 16 17 18 19	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.  Q. Right. And it looks to me like the consult cardiology was actually
	12 13 14 15 16 17 18	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that happened around 8:10.	12 13 14 15 16 17 18 19 20	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.  Q. Right. And it looks to me like the consult cardiology was actually removed from the note.
	12 13 14 15 16 17 18	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that happened around 8:10.  Q. So after the patient had a medical emergency and started being evaluated by the cardiac cath lab, you	12 13 14 15 16 17 18 19 20 21	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.  Q. Right. And it looks to me like the consult cardiology was actually removed from the note.  A. It was.
	12 13 14 15 16 17 18 19 20	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that happened around 8:10.  Q. So after the patient had a medical emergency and started being evaluated by the cardiac cath lab, you went back and edited your note?	12 13 14 15 16 17 18 19 20 21 22	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.  Q. Right. And it looks to me like the consult cardiology was actually removed from the note.  A. It was.  Q. Not added; correct?
	12 13 14 15 16 17 18 19 20 21	earlier. That doesn't mean the time that it was done. It means when I got back to the computer.  Q. By 8:20 p.m., had the patient already had a medical emergency?  A. He had. I think that happened around 8:10.  Q. So after the patient had a medical emergency and started being evaluated by the cardiac cath lab, you	12 13 14 15 16 17 18 19 20 21	present at 8:20 that's not at 4:15 in that note?  A. It looks when I read through, it just seems the only thing that's different is the cardiology consult.  Q. Right. And it looks to me like the consult cardiology was actually removed from the note.  A. It was.

	Page 90	<i>7.4.4.4.4.</i> 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	Page 92
1	cardiology consult, you'll see that it	1	answering my two conversations
2	happened long before I wrote this in my	2	with Dr. Rampure.
3	note about adding it I mean, about it	3	BY MR. AUSSPRUNG:
4	being done. So, it was done hours	4	Q. Correct. So, what can you
5	before. I ordered a cardiology consult	5	tell me about the first conversation you
6	on admission. When I talked to	6	had with Dr. Rampure?
7	Dr. Rampure about it and presented Mr.	7	A. The first conversation was
8	Strimber's case to him, he told me he	8	after seeing Mr. Strimber, doing his
9	didn't think we needed a cardiology	9	history and physical, formulating his
10	consult and asked me to take it out,	10	orders and my plan, I then called the
11	which I did. But I'm thankful that the	11	attending physician whose services he's
12	cardiology consult was done before I took	12	being admitted to say, and I present this
13	it out. So when I went to Mr. Strimber	13	patient, this is what I have, his
14	when he got into trouble and I looked at	14	symptoms, my exam, the laboratory
15	the chart, the cardiology consult was	15	studies, and my plan.
16	there. So, it was done.	16	Q. Is that your general routine
17	Q. So, at 4:15 when you	17	or is that your actual memory?
18	initially wrote your comments,	18	A. No. That's a routine that
19	assessment, and plan, you included	19	has to be done at every admission at
20	consult cardiology?	20	Abington.
21	A. Yes.	21	Q. What do you actually
22	Q. Then you spoke to	22	remember about your conversation with
23	Dr. Rampure and he asked you to take that	23	Dr. Rampure that first time?
24	out of your order set?	24	A. I remember all of it. I
	Page 91		Page 93
1	A. Yes.	1	remember it.
2	Q. And so then when you edited	2	Q. You remember doing
3	it at 8:20 p.m., you removed that?	3	A. I remember doing it. I
4	A. Perhaps that's the	4	remember it, yes.
5	difference in things then.	5	Q. And did Dr. Rampure ask you
6	Q. Okay.	6	any specific questions on that first
7	A. But it had been done.	7	phone call?
8	Q. We received an affidavit	8	A. I don't recall specific
9	from Dr. Rampure basically just saying he	9	questions.
10	doesn't have any memory of the events.	10	Q. Was that initial interaction
11	How many conversations do	11	with Dr. Rampure on the phone?
12	you recall having with Dr. Rampure about	12	A. It was on the phone.
13	Mr. Strimber and his care?	13	Q. Do you remember any
14	A. Two.	14	instructions or orders he gave you to
15	Q. Let's talk about the first	15	carry out?
16	conversation.	16	A. Yes. He agreed with the
17	THE VIDEOGRAPHER: The time	17	plan but he just said I don't think we
18	is 12:01 p.m. We are off the	18	need a cardiology consult so do you mind
19	record.	19	taking that out. And I said I would
20	(Off video record.)	20	remove it.  Q. Anything else you recall
101			II ADVIDIOU EISE VOU FECAU
21	THE VIDEOGRAPHER: The time	1	
22	is 12:02 p.m. We are back on the	22	about that first telephone call?
3		1	



Page 94	······································	Page 96
	1	with Dr. Rampure, why is it that you
		didn't make your change and remove the
		cardiology consult until 8:20 p.m.?
1		A. I had other things that I
		was involved in, other things, others
what time that phone call occurred at:		orders of patients.
		Q. What do you recall informing
		Dr. Rampure during the second phone call?
		Do you recall what you told him?
		A. I recall that I told him
		that he had an EKG which looked acute,
		like he was having acute MI, that I was
		going to activate the cardiac cath lab,
		and we would get back to him in a little
		bit to tell him what the outcome of those
		things were.  Q. Anything else you remember
		telling him in that second call?  A. No.
		Q. Did he instruct you to do
		anything in that second call?
		A. He did not. I did tell him
		that the cardiology consult was done, you
second conversation with Dr. Rampure?	24	asked me to take it out but it was done.
Page 95		Page 97
A. Yes.	1	We talked about the cardiologist's
MR. AUSSPRUNG: Rampure is	2	recommendations and we left it there.
R-A-M-P-U-R-E.	3	But I did inform him of that.
THE WITNESS: And that was	4	Q. When did you first learn the
<del></del>	5	cardiology consult had been completed?
BY MR. AUSSPRUNG:	6	A. When I went to see Mr.
	7	Strimber when he developed an acute
conversation.	8	change.
A. The second conversation was	9	Q. So that was sometime around
	10	8:10, I think you said?
	11	A. Or after.
	12	Q. Did you ever speak to the
	13	cardiologist who did the cardiology
	14	consult?
	15	A. I did not.
•	16	Q. Did you have an
	17	understanding as to what the
	18	cardiologist's recommendations were after
that's the time I see in the chart that I	19	he did the consult?
	1	A. When I read it, yes, I did.
	20	
recall to be clear to me that the nurse	1	
recall to be clear to me that the nurse calls that there's a problem with Mr.	21	Q. And that was sometime after
recall to be clear to me that the nurse	1	
	A. Yes.  MR. AUSSPRUNG: Rampure is R-A-M-P-U-R-E.  THE WITNESS: And that was  BY MR. AUSSPRUNG:  Q. Tell me about the second conversation.  A. The second conversation was to inform him that a patient admitted to his service, Mr. Strimber, had had a change in status and had changed from a person who was stable with abdominal symptoms, now had a change in status.  Q. Do you know what time that phone call occurred at?  A. I'm going to say it must have happened sometime after 8:10 because	recall anything specific about that. It was our regular way of communicating about new admissions. Q. Do you have any sense as to what time that phone call occurred at? A. I don't. I could estimate that it was a little bit after the orders were entered cause I usually but the orders have different times and that kind of thing. It's hard to tell. But sometime after I admitted Mr. Strimber before 7 o'clock. Sometime after I put the initial things in. Q. Would it have been after you entered your history and physical into the computer? A. It didn't have to be. It might have been before. Q. So you don't really know what time between 4 p.m. and 7 p.m. that conversation occurred? A. I don't recall that time. Q. Okay. You said there was a second conversation with Dr. Rampure?  Page 95  A. Yes. MR. AUSSPRUNG: Rampure is R-A-M-P-U-R-E. THE WITNESS: And that was  THE WITNESS: And that was  THE WITNESS: And that was  oinform him that a patient admitted to his service, Mr. Strimber, had had a change in status and had changed from a person who was stable with abdominal symptoms, now had a change in status. Q. Do you know what time that phone call occurred at? A. I'm going to say it must have happened sometime after 8:10 because

	Page 98		Page 100
1	A. Yes.	1	enzymes and EKG. I think that says
2	Q. What was your understanding	2	"sent." That orders have been placed for
3	as to what the cardiologist wanted?	3	the enzymes and the EKG. I think that's
4	A. May I take a look at the		what that says.
5	cardiology consult?		Q. I'm sorry. So go two lines
6	Q. Yes. I'll mark it for us	5 6	below that.
7	and we can all look at it together.	7	A. You're going to oh,
8		8	you're at the bottom; right?
9	(Whereupon, Exhibit Turner-8	9	Q. Right. The second to the
10	was marked for identification.)	10	last line.
11		11	A. Second to the last line.
12	MR. AUSSPRUNG: I'm marking	12	Q. What is the first word
13	it as Exhibit-8.	13	there?
14	THE WITNESS: I remember	14	A. I don't know.
15	that evening quickly focusing my	15	Q. What is the second word
16	eye on the assessment, plan, and	16	there?
17	recommendations when I went over.	17	<ul> <li>A. Need to check echo or stress</li> </ul>
18	MR. AUSSPRUNG: I'm sorry.	18	for, and I don't know what that last word
19	Could you just read back that	19	is. I don't know what that first letter
20	answer? I didn't hear.	20	is.
21	شد مدب شد	21	Q. So you weren't sure what
22	(Whereupon, the pertinent	22	that recommendation was?
23	portion of the record was read.)	23	A. I could read echo or stress
24		24	test. So, I would take from that that he
	Page 99		Page 101
1	BY MR. AUSSPRUNG:	1	was suggesting we order an echo or stress
2	Q. Okay. What was your	2	test.
3	understanding as to what the	3	Q. An echo would have revealed
4	cardiologist's assessment, plan, and	4	a thoracic aortic aneurysm; correct?
5	recommendations were?	5	A. It would have. Now, he
6	A. That he did not identify any	6	didn't call me to tell me that. This was
7	acute cardiovascular issues. He wrote	7	placed on the chart left on the chart
8	doubt ACS by enzymes and EKG. Some of	8	for us to read when we saw him. So, no
9	the writing is difficult to read the next	9	one called to say, Dr. Turner, get that
10	line, but he recommended checking an	10	echo right now. And if the cardiologist
11	echocardiogram or stress test. And I	11	wanted that, he would have ordered it
12	think that might say either for the	12	right then anyway, so. He wrote that in
13	patient or for the a.m. I can't read that	13	recommendation for us to look at when he
14	last word. And it says INR, in range.	14	was the next person was going to see
15	So, my impression of reading	15	him, if things were going per usual,
16	his consult was he did not identify any	16	would have been Dr. Rampure the next day
17	acute cardiovascular issues and was	17	when he came to evaluate him. He would
18	agreeing with the plan to check serial	18	have seen this and ordered the echo.
19	EKGs and enzymes.	19	If he wanted it immediately,
20	Q. I want to focus on that	20 21	he would have called me to say he wanted
1 ') 7	third line.		the echo, and either I or he would have
21			
22	A. Yes.	22	ordered it. We can ask him what that
	<ul><li>A. Yes.</li><li>Q. What's that first word?</li><li>A. I think that says sent</li></ul>	23 24	first letter might say right there.  Q. I'll mark this document as

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1	Exhibit-9 and give it to you.	1	at 15:30 when you saw the patient?
2	Exhibit-5 and give it to you.	2	A. I saw him in the ER, and no,
3	(Whereupon, Exhibit Turner-9	. 3	this note was not on our chart. This is
4	was marked for identification.)	4	a note entered when he gets I believe
5		5	when he gets up to the floor.
6	BY MR. AUSSPRUNG:	6	Q. Was your history and
7	Q. I believe it's a nursing	7	physical well, your very first order
8	note.	8	is timed at 13:58, and your history and
9	A. Yes.	9	physical says it was created at 14:09
10	Q. There's a bunch of stuff at	10	I'm sorry, at 16:09. So, can we agree
11	the bottom two-thirds of the page that's	11	that by 15:30 this was entered?
12	crossed out. I assume that was some kind	12	A. I don't know.
13	of mistake in entry. But at the top of	13	Q. Was it available to you?
14	the page there's something called "Human	14	A. I don't know. I didn't see
15	Response." Do you see that?	15	this note. I wouldn't have a reason to
16	A. Okay, but this is crossed	16	look at this kind of note again unless it
17	out when somebody updates something. So,	17	was brought to my attention.
18	there must be a place where this is	18	Q. Do you routinely review the
.19	updated. It crosses out what was done	19	nursing notes?
20	before and the computer updates it to	20	A. I do.
21	what a new entry is. But, okay.	21	Q. But you don't believe you
22	Q. Okay. That's fine. Up at	22	saw that one?
23	the top, I want to focus up under the	23	A. I don't believe I saw that
24	"Human Response" heading.	24	one. I usually review the nursing notes
	Page 103		Page 105
1	A. Yes.	1	prior to admission. Once the admission
2	Q. And it looks like if I go	2	is done, the nurse has the patient up on
3	just above that, that this was recorded	3	the floor and she's entering her
4	at around 15:30 by Amber Freese. Do you	4	assessment. If there's something she
5	know nurse Freese, F-R-E-E-S-E?	5	wants me to know or if I'm called back to
6	A. Not specifically, but she's	6	the patient to do something, I can refer
7	a nurse.	7	to that. But there's not a reason I
8-	Q. Do you know if she's an ER	8	should know that specifically because I
9	nurse?	9	have seen them and done the things that I
10	A. No. She's a nurse on the	10	wanted to do.
11	floor, I believe. I think.	11	Q. When you reviewed the
12	Q. She noted here that the	12	medical records in preparation for
13	patient felt a bubble-like sensation	13	today's deposition, did you see that
14	creeping up his throat which also causes	14	note?
15	metallic taste in his mouth. Do you see	15	A. I read yes. I read that
16	that?	16	note, yes.
17	A. I see that.	17	Q. Okay. Do you place any
18	Q. Is that consistent with the	18	significance on that note?
19	history you took?	19	MR. YOUNG: You're asking
20	A. No. And she didn't	20	her
21	communicate this to me. This is her	21	MR. AUSSPRUNG: Let me ask
22	assessment when he gets to the floor,	22	it a different way.
23	but.	23	MR. YOUNG: Yeah, try.
24	Q. Was this note on the chart	24	BY MR. AUSSPRUNG:

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1	Q. Now that you see that	1	you see that?
2	complaint that Mr. Strimber apparently	2	A. I see it.
3	told at least a nurse around 15:30, does	3	Q. You, again, did not garner
4	that complaint have any significance to	4	that complaint prior to Mr. Strimber's
5	his clinical presentation?	5	death?
6	MR. YOUNG: Objection.	6	A. That is correct.
7	She's told you that she didn't see	7	Q. And then the second part at
8	this before. It seems to me that	8	the bottom of this page is an Observation
9	you're now asking for a	9	Patient Notification, and it appears this
10	backward-looking opinion, which I	10	documents that a moonlighter, nurse
11	object to you inquiring about in	11	practitioner Martinez, was notified at
12	terms of any expertise by her.	12	20:31; correct?
13	Since we're in federal court, I'm	13	A. Yes.
14	not going to instruct her not to	14	Q. She testified that her
15	respond, but I don't think it's an	15	memory was that you were together when
16	appropriate question.	16	she got that notification. Is that your
17	BY MR. AUSSPRUNG:	17	memory as well?
18	Q. Let me ask it a little	18	A. Yes, it is.
19	different way, Doctor.	19	Q. Tell me what you remember
20	Have you ever had patients	20	about that call to nurse practitioner
21	complain of a metallic taste in their	21	Martinez.
22	mouth?	22	A. Well, the nurse called that
23	A. Yes.	23	telemetry had reported that Mr.
24	Q. Is that characteristic of	24	Strimber's EKG and heart rate had taken a
	Page 107		Page 109
1			ahanga
1 2	any conditions?  A. No.	1 2	change.  Q. And did you go with
3		3	Q. And did you go with Ms. Martinez to see the patient?
4	Q. A complaint of a bubble-like	4	A. Yes, I did.
5	sensation creeping up in the throat, is that complaint consistent with a thoracic	5	
6	aortic aneurysm?	6	Q. You were signing out at that point; correct?
	MR. YOUNG: Same objection.	7	A. I was finishing up the day.
8	BY MR. AUSSPRUNG:	8	My shift ended at 7 o'clock. I was
9	Q. You can answer.	9	finishing up notes on charge and things.
10	A. Not specifically.	10	Q. It was 8:30, so you were
11	Q. And I'm going to mark as	11	already there late?
12	Exhibit-10 another one-page document from	12	A. Yes. Every night.
13	your chart.	13	Q. Okay.
14	your ollait.	14	THE VIDEOGRAPHER: The time
15			is 12:18 p.m. We are off the
16	* *		record.
17			(Off video record.)
18	Monthioatou.,	17 18	THE VIDEOGRAPHER: The time
19	BY MR. AUSSPRUNG:	19	is 12:18 p.m. We are back on the
20	Q. Under 4, KBC Adult	20	record.
21	Goal/Outcome Evaluation, it appears that,	21	BY MR. AUSSPRUNG:
22	again, at 19:45, the nurse again notes	22	Q. So you went with
23	the same complaint as prior of abdominal	23	Ms. Martinez to see Mr. Strimber;
24	bubble with metallic taste in mouth. Do	24	correct?



	Page 110	nemarca com vicandaja	Page 112
1	A. Yes.	1	the consult had been done?
2	Q. What do you remember about	2	A. That's correct.
3	that interaction?	3	Q. Now, did nurse practitioner
4	A. Us with the patient.		Martinez say anything to you that you
5			recall?
6	conversations with Ms. Martinez about Mr.	5 6	A. No, no.
7	Strimber?	7	Q. Did she say anything along
8	A. I remember, yes.	8	the lines of today's my first day, please
9	Q. What did you tell her?	9	come?
10	A. I said from what they're	10	A. We were together. It was
11	reporting, I think I should go with you	11	her first day. We were signing out. I
12	to see him.	12	was giving her instructions, so I was
13		13	staying behind a bit to work with her. I
14	Q. Okay. A. I said I met him earlier in	14	didn't go with her because it was her
		15	first day, I went with her because I knew
15	the day, I know his history, I know his	16	Mr. Strimber's history and felt that I
16	story, I'm going to go with you.	17	could facilitate evaluation of what was
17	Q. Did you tell her anything	18	going on in a faster fashion. She knew I
18	about his history and story?	19	knew it was her first day. I mean,
19	A. I'm sure as we walked along,	20	that's not something we had to talk
20	yes, I'm sure I told her his history.	21	about.
21	Q. I'm sure you did.	22	
22	A. Okay.	1	
23	Q. But do you remember?	23	Strimber, you believed that he was
24	A. That I admitted him earlier	24	predominantly having an abdominal
	Page 111		Page 113
1	with abdominal discomfort, nausea,	1	complaint; correct?
2	vomiting. I thought it was an abdominal	2	A. That is correct.
3	issue. Now with what they're reporting	3	Q. And you ordered a cardiology
4	to me, there's a cardiac issue going on,	4	consult that you then tried to cancel;
5	we need to go and see him right away.	5	correct?
6	Q. Did you tell her that the	6	A. Yes.
7	patient had an artificial heart valve?	7	Q. Did you order a
- 8	A. Yes.	8	gastroenterology consult?
9	Q. Did you tell her the patient	9	A. I did not.
10	was on Coumadin?	10	Q. Why not?
11	A. Yes.	11	A. His abdominal exam didn't
12	Q. Do you remember anything	12	require it at that point in my opinion.
13	else you specifically told her?	13	Q. Did you order any type of
14	A. I mentioned that we had	14	I know he had had a CAT scan; correct?
15	requested cardiology consult but that I	15	A. Yes.
16	had been asked to take it out so I'm not	16	Q. Did you order any plain
17	we probably didn't have it. At that	17	films of his abdomen?
18	point I hadn't seen the chart.	18	A. No.
19	Q. So as of when this phone	19	Q. Did you order upper GI or a
20	call came in at 20:31, you had not yet	20	lower GI?
21	seen the cardiology consult?	21	A. I did not.
22	A. I had not.	22	Q. And request endoscopy?
		23	A. No.
23	<ul> <li>Q. It was when you got over to</li> </ul>	1	Q. What were you doing to

	Page 114	<b>.</b>	Page 116
1	evaluate his abdominal pain?	1	were any findings or anything had
2	A. Kept him nothing by mouth, I	2	changed?
3	ordered IV fluids for hydration, I	3	A. His physical exam hadn't
4	ordered pain medication. We would	4	changed but he was diaphoretic, he was
5	normally do serial abdominal exams to	5	having pain, his blood pressure was low,
6	evaluate his abdomen in response to his	6	he looked extremely uncomfortable. A
7	complaints.	7	major change from how he appeared in the
8	Q. Did you do an abdominal exam	8	ER.
9	between 4 p.m. and 8 p.m.?	9	Q. He was hypotensive when you
10	A. I did not.	10	came to see him; correct?
11	Q. Did anybody that you're	11	A. Yes.
12	aware of do an abdominal exam between 4	12	Q. Did he have diminished
13	p.m. and 8 p.m.?	13	pulses in his legs?
14	A. Cardiology saw the patient.	14	A. I do not recall.
15	They might have done that since that's a	15	Q. Did you check his pulses in
16	standard part of what every physician	16	his legs?
17	does. And on his consult, in fact, it	17	A. I'm sure I did.
18	says, abdomen, it says soft.	18	Q. Was it your impression when
19	Q. If the patient had no pain	19	you saw him sometime after 8:10 p.m. that
20	and was cardiovascularly stable he was	20	he was having a myocardial infarction?
21	when you saw him; correct?	21	A. He was having an acute
22	A. Correct.	22	cardiac event of some scope. I didn't
23	Q. Why was he admitted at all?	23	know exactly what it was. It appeared to
24	A. 61-year-old man with a	24	be an acute MI, but.
	Page 115		Page 117
1	history of aortic valve surgery	1	Q. And you, along with nurse
2	complaining of chest pain in triage and	2	practitioner Martinez, initiated a
3	having abdominal pain is someone who	3	cardiology evaluation and notified the
4	warrants admission for further	4	cath lab; is that correct?
5	evaluation.	5	A. I did. At that point I was
6	Q. The two critical things you	6	the most senior person there. She was my
7	mentioned there were that he had a valve	7	nurse practitioner. I took over the care
8	replacement and he presented with chest	8	of Mr. Strimber and I made the steps
9	pain; correct?	9	necessary to get him to where I thought
10	A. Correct.	10	he should be.
11	Q. Did you do a physical	11	Q. Was all the care provided
1 1 0		12	44 444. 4 .
12	examination of Mr. Strimber when you saw	1	your responsibility and not nurse
13	him again sometime after 8:10 p.m.?	13	practitioner Martinez's?
13 14	him again sometime after 8:10 p.m.?  A. Yes.	13 14	practitioner Martinez's?  A. I would say that, yes.
13 14 15	him again sometime after 8:10 p.m.?  A. Yes.  Q. What do you recall of that	13 14 15	practitioner Martinez's?  A. I would say that, yes. Q. Thank you.
13 14 15 16	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination?	13 14 15 16	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't
13 14 15 16 17	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was	13 14 15 16 17	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning
13 14 15 16 17 18	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was probably limited to his heart and lungs,	13 14 15 16 17 18	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of?
13 14 15 16 17 18 19	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was probably limited to his heart and lungs, a brief exam of his abdomen, and I	13 14 15 16 17 18 19	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of? A. No.
13 14 15 16 17 18 19 20	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was probably limited to his heart and lungs, a brief exam of his abdomen, and I checked his extremities, something that	13 14 15 16 17 18 19 20	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of? A. No. Q. You were the one making all
13 14 15 16 17 18 19 20 21	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was probably limited to his heart and lungs, a brief exam of his abdomen, and I checked his extremities, something that happens really quickly because he was in	13 14 15 16 17 18 19 20 21	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of? A. No. Q. You were the one making all the decisions?
13 14 15 16 17 18 19 20 21 22	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was probably limited to his heart and lungs, a brief exam of his abdomen, and I checked his extremities, something that happens really quickly because he was in distress, and that that remained the	13 14 15 16 17 18 19 20 21 22	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of? A. No. Q. You were the one making all the decisions? A. Yes. And we called a MET
13 14 15 16 17 18 19 20 21	him again sometime after 8:10 p.m.?  A. Yes. Q. What do you recall of that physical examination? A. I recall that it was probably limited to his heart and lungs, a brief exam of his abdomen, and I checked his extremities, something that happens really quickly because he was in	13 14 15 16 17 18 19 20 21	practitioner Martinez's?  A. I would say that, yes. Q. Thank you. So, nurse Martinez didn't make any independent decisions concerning Mr. Strimber that you're aware of? A. No. Q. You were the one making all the decisions?

	Page 118		Page 120
1	together collectively worked on him.	1	MR. AUSSPRUNG: Let's take a
2		2	short break.
3		3	THE VIDEOGRAPHER: The time
4	before 4 p.m. and when Mr. Strimber left	4	is 12:27 p.m. We are off the
5	to go to the cath lab, you were the	5	record.
6		6	(Off video record.)
7		7	
8	` '	8	(Whereupon, a brief recess
. 9	<u> </u>	9	was taken.)
10		10	(On video record.)
11		11	THE AMPLICATE A PITTER. The time
12		12	THE VIDEOGRAPHER: The time
13	, ,	13	is 12:34 p.m. We are back on the
14		14	record.
15	•	15	BY MR. AUSSPRUNG:
16		16	Q. Doctor, one of the things
17		17	you said is that when you saw the patient
18		18	sometime after 8:10 p.m. was that he was
19	· · · · · · · · · · · · · · · · · · ·	19	having some type of cardiac event;
20		20 21	correct? A. Correct.
21	<b>*</b>	22	Q. What was your differential
22		23	diagnosis as to the type of cardiac event
23		24	he was having at that point?
24		24	
İ	Page 119		Page 121
	Q. Some kind of critical care	1	A. My impression was that he
1 2	team took him?	2	was having an acute MI.
;	3 A. Um-hum.	3	Q. Was there any other
	Q. Yes?	4	possibility that you considered he was
	A. Yes, yes. I'm sorry. Yes.	5	having at that point? Let me ask those
1	Q. At some point, did you learn	6	questions again. This thing is causing
	7 what happened to Mr. Strimber?	7	me problems.
	A. Yes.	8	Doctor, when you saw the patient shortly after 8:10 p.m., you
	Q. What did you learn?	9	understood he had a cardiac event;
10		11	correct?
1:	<b>-</b>	12	A. Correct.
1	•	13	Q. What was your differential
111		14	diagnosis of that cardiac event?
1		15	A. My impression was that he
		16	was having an acute MI, but other causes
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$		17	of acute onset of chest pain, hypotension
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	•	18	on the list, included a pulmonary
1		19	embolism, pericarditis, pericardial
2	· · · · · · · · · · · · · · · · · · ·	20	tamponade, and an aneurysm, a thoracic
2	• • •	21	ancurysm, was in the differential as
2		22	well.
2		23	Q. Why was it that a thoracic
2	•	24	aneurysm was on your differential

	Page 122		Page 124
1	diagnosis list after 8:10 p.m. but not	1	stable at the time that we were signing
2	four hours earlier when you saw him in	2	out. So, we weren't discussing Mr.
3	the emergency department?	3	Strimber at our sign-out.
4	A. When I saw him after 8:10 he	4	Q. Was it your understanding
5	had EKG changes consistent with an acute	5	that your desire for serial abdominal
6	cardiac process. He was hypotensive, he	6	examinations would be satisfied by
7	was bradycardic, diaphoretic, in	7	waiting and doing an exam in the morning?
8	distress, obviously having a cardiac	8	MR. YOUNG: Objection to the
9	event.	9	form of the question. You can
10	Q. I believe you told me	10	respond.
11	earlier that one of the reasons that Mr.	11	THE WITNESS: My impression
12	Strimber was admitted was so that someone	12	was that if the patient felt
13	could do serial abdominal examinations;	13	abdominal symptoms, the nurse
14	correct?	14	would call the personal call and
15	A. Correct.	15	he would be examined at that time
16	Q. I saw in the medical record	16	when it occurred.
17	where serial cardiac enzymes were	17	BY MR. AUSSPRUNG:
18	ordered; correct?	18	Q. Well, that's different than
19	A. Yes.	19	performing serial examinations as a
20	Q. Was there anywhere in the	20	matter of routine; correct? That would
21	chart where you documented that part of	21	be responding to a problem. Was it your
22	the plan for this patient was further	22	intention to do examinations as a matter
23	abdominal examinations?	23	of routine during this less-than-24-hour
24	A. I didn't document that.	24	admission?
1	Page 123		
	Page 123		Page 125
1		1	Page 125  A. Not necessarily. My plan
1 2	Q. Why?	2	A. Not necessarily. My plan was to respond to him within a
	Q. Why?	ł	A. Not necessarily. My plan was to respond to him within a re-examination should he report
2	<ul><li>Q. Why?</li><li>A. That would be something that</li></ul>	2 3 4	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms.
2 3	Q. Why? A. That would be something that if the patient had abdominal pain, again,	2 3 4 5	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms.  Q. Doctor, I noticed in the
2 3 4	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would	2 3 4 5 6	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood
2 3 4 5	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response.  Q. When you were doing sign-out	2 3 4 5 6 7	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct?
2 3 4 5 6	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response.	2 3 4 5 6 7 8	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct.
2 3 4 5 6 7 8 9	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations	2 3 4 5 6 7 8 9	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission.
2 3 4 5 6 7 8 9	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency?	2 3 4 5 6 7 8 9	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood
2 3 4 5 6 7 8 9 10	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to	2 3 4 5 6 7 8 9 10	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his
2 3 4 5 6 7 8 9 10 11	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We	2 3 4 5 6 7 8 9 10 11 12	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm?
2 3 4 5 6 7 8 9 10 11 12 13	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way.	2 3 4 5 6 7 8 9 10 11 12 13	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way. Q. So, who was going to perform these serial abdominal examinations after	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not. Q. Did you ever ask any nurse to do that?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way. Q. So, who was going to perform these serial abdominal examinations after you left?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not. Q. Did you ever ask any nurse to do that? A. I don't recall.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way. Q. So, who was going to perform these serial abdominal examinations after you left? A. Martinez was on call that night. If a nurse called her with a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not. Q. Did you ever ask any nurse to do that? A. I don't recall. Q. Did you see any documentation in the chart of that having
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way. Q. So, who was going to perform these serial abdominal examinations after you left? A. Martinez was on call that night. If a nurse called her with a problem, she'd respond to it. But we	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not. Q. Did you ever ask any nurse to do that? A. I don't recall. Q. Did you see any documentation in the chart of that having been done?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Why? A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response. Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency? A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way. Q. So, who was going to perform these serial abdominal examinations after you left? A. Martinez was on call that night. If a nurse called her with a problem, she'd respond to it. But we signed out patients who have things	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not. Q. Did you ever ask any nurse to do that? A. I don't recall. Q. Did you see any documentation in the chart of that having been done? A. I didn't see that.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Why?  A. That would be something that if the patient had abdominal pain, again, the nurse would call with it and he would be examined at that time. So, that's not an order. That's a clinical response.  Q. When you were doing sign-out to nurse practitioner Martinez, did you instruct her to do abdominal examinations with some certain frequency?  A. I wasn't signing out to Martinez on any individual patient. We didn't sign out that way.  Q. So, who was going to perform these serial abdominal examinations after you left?  A. Martinez was on call that night. If a nurse called her with a problem, she'd respond to it. But we signed out patients who have things—that were having problems that we needed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Not necessarily. My plan was to respond to him within a re-examination should he report reoccurrence of symptoms. Q. Doctor, I noticed in the chart in multiple places there are blood pressures recorded; correct? A. Correct. Q. Throughout his admission. Did you ever take his blood pressure in one arm and compare it to his blood pressure in his other arm? A. I did not. Q. Did you ever ask any nurse to do that? A. I don't recall. Q. Did you see any documentation in the chart of that having been done? A. I didn't see that. Q. Are you aware of any time

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1	recall. It would not be unusual to ask	1	Q. Other than taking your
2	for that when we were at his bedside and	2	history, do you remember conversations?
3	he was having problems after 8:10.	3	A. I remember the conversation
4	Q. Do you have any evidence	4	we had when I returned and he was in
5	that that in fact occurred for Mr.	5	trouble that evening.
6	Strimber?	6	Q. What do you remember about
7	A. Not recorded in the chart.	7	that?
8	Q. Do you have a memory of it	8	A. I remember trying to
9	happening?	9	reassure him that we're going to do
10	A. My memory is that it	10	everything to take care of him, outlined
11	happened and numbers were reported to me	11	to him what was going to go on. He was
12	verbally at the bedside.	12	sick and he could tell it and he wanted
13	Q. When was that?	13	to speak to his family.
14	A. Sometime after 8:10 when I	14	Q. Was he frightened?
15	was attending to him when he was having	15	A. Yes.
16	his emergency.	16	Q. Who did he ask to speak to?
17	Q. So after he became	17	A. Mrs. Strimber was present,
18	hypotensive, then blood pressures were	18	his son was present, he wanted to speak
19	obtained in the right arm versus the left	19	to his daughter on the phone.
20	arm?	20	Q. Did you have any
21	A. Yes.	21	conversations that you can recall with
22	Q. Before that when you were	22	any of Mr. Strimber's family members, his
23	evaluating his problem before he had his	23	wife, his children?
24	change in status, I think as you referred	24	A. We I mean, I was
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١,		1	informing them what was going on and what
	to it, before he had his change in	2	the plan was and trying to reassure.
2	status, did anyone check his blood	3	
3	pressure in his right arm versus his left	4	Q. Any separate conversations you can recall?
4	arm?	5	A. With Mr not in his
5	A. No.	6	presence. I mean, Mrs. Strimber went
6	Q. I asked you about order	7	into the hallway when things were going
1 7	sets. There are protocol orders for	1	
8	chest pain. Are you aware of any	8	really well and I went out to her and I
9	protocol orders sets for chest pain in	9	had to obtain her consent for the
10	the computer at Abington Hospital?	10	catheterization. So, I spent a moment
11	A. No.	11	explaining to her what that was. I spent
12	Q. Are you aware of any such	12	a few minutes with her but I was hurrying
13	order sets for abdominal pain in the	13	to return to him and do what had to be
14	computer at Abington Hospital?	14	done so I
15	A. No.	15	Q. What did you tell her as to
16	Q. Doctor, do you ever have any	16	why
17	memories of any conversations with Mr.	17	MR. YOUNG: Hang on a
18	Strimber?	18	second. I think you now
19	A. Yes.	19	interrupted her answer. She just
20	Q. What do you remember of	20	wasn't finished.
21	those conversations?	21	BY MR. AUSSPRUNG:
22	A. I remember a conversation of	22	Q. I'm sorry.
23	our admission in the ER talking about his	23	MR. YOUNG: Could you read
1 2 2		24	back where the answer was? And

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1	you can decide whether you were	1	question.
2	finished or not.	2	BY MR. AUSSPRUNG:
3		3	Q. After Mr. Strimber went to
4	(Whereupon, the pertinent	4	the cath lab, did you go home for the
5	portion of the record was read.)	5	night?
6	- · ·	6	A. Yes.
7	THE WITNESS: Your question	7	Q. Did you ever have any
8	is?	8	conversations with the Strimber's family
9	BY MR. AUSSPRUNG:	9	after Mr. Strimber went to the cath lab?
10	Q. Do you recall anything that	10	A. No.
11	you specifically told her were the	11	Q. Were you present when Mr.
12	reasons for the cardiac catheterization?	12	Strimber's family were informed that he
13	A, I told her I'm sure I	13	had passed?
14	said he looked like he might be having a	14	A. No.
15	heart attack in the cath lab and the	15	Q. No further questions.
16	cardiac catheterization was the best way	16	MR. CAMHI: I have no
17	to determine exactly what was going on	17	questions.
18	and to get him the treatment that he	18	MR. GOEBEL: Nor do I.
19	needed.	19	MR. YOUNG: Nor do I.
20	Q. Did you ever mention the	20	MR. AUSSPRUNG: I'll just
21	possibility of a thoracic aneurysm to Ms.	21	remind everyone that one of the
22	Strimber?	22	reasons we videotaped this was
23	A. I did not.	23	that I know the doctor's health
24	Q. Did you ever mention it to	24	status is somewhat tenuous, and I
: : : : : : : : : : : : : : : : : : :	Page 131	- <del>(440.410.110.410.410</del>	Page 133
1	nurse practitioner Martinez?	1	want to ensure that everyone has
2	A. Probably not.	2	the opportunity to ask her
3	Q. Did you ever speak to any of	3	questions now as this might be
4	the cardiologists?	4	MR. YOUNG: Appreciate it.
5	A. From his room, I spoke to	5	MR. AUSSPRUNG: if the
6	the cardiologist on call requesting	6	doctor is unavailable, just remind
7	emergent cardiac catheterization.	7	everyone.
8	Q. Do you remember anything	8	THE VIDEOGRAPHER: The time
9	else about that conversation?	9	is 12:44 p.m. This concludes
10	A. He said he'd be right in.	10	today's deposition. We are off
11	Q. Did you talk about anything	11	the record.
12	in a differential diagnosis for him with	12	
13	the cardiologist during that	13	<b></b>
14	conversation?	14	(Whereupon, the witness was
15	A. Our conversation was limited	15	excused.)
16	to these are the things I'm doing to try	16	
17	to stabilize him now, he needs to go to	17	(Whereupon, the videotape
18	the cath lab, I'm on my way.	18	deposition concluded at
19	Q. In retrospect, he needed to	19	approximately 12:44 p.m.)
20	go to the operating room; correct?	20	<b>.</b> .
21	MR. YOUNG: Objection with	21	
22	regard to asking her for a	22	
23	retrospective opinion. I don't	23	
24	think it's an appropriate	24	



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. 1	CERTIFICATE	1	يش سم دست پيش
2			ERRATA
4	I HEREBY CERTIFY that the	2	* * * * * *
-	witness was duly sworn by me and that the	3	PAGE LINE CHANGE
5	deposition is a true record of the	4	
6	testimony given by the witness.	5	
٥	It was requested before	6	
7	completion of the deposition that the	7	
_	witness, MARGO E. TURNER, M.D., have the	8	
8	opportunity to read and sign the deposition transcript.	9	
9	deposition transcript.	10	
10		11	
١.,	One of the state o	12	
11	Amy M. Murphy, a Professional Court Reporter and	13	Machinemas Assertantial and a company of the compan
12	Notary Public	14	
	Dated: March 26, 2014	15	And the second s
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17	(The foregoing certification	19	
18	of this transcript does not apply to any	20	· · · · · · · · · · · · · · · · · · ·
19	reproduction of the same by any means, unless under the direct control and/or	21	Contribution Management Contribution Contrib
21	supervision of the certifying reporter.)	22	
22		23	. In the second of the second
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24		1-3	107
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1	INSTRUCTIONS TO WITNESS	1	ACKNOWLEDGMENT OF DEPONENT
2	MOMOCHOUS 10 WILLIAM	2	
3	Please read your deposition	3	1,, do
4	over carefully and make any necessary	4	hereby certify that I have read the
1	corrections. You should state the reason	5	foregoing pages, 1 - 134, and that the
5		6	same is a correct transcription of the
6	in the appropriate space on the errata	7	answers given by me to the questions
7	sheet for any corrections that are made.	8	therein propounded, except for the
8	0 ,1	9	corrections or changes in form or
9	the errata sheet and date it.	10	substance, if any, noted in the attached
10		11	Errata Sheet.
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13		14	THE PARTY OF THE P
14		15	MARGO E. TURNER, M.D. DATE
15	return the original errata sheet to the	16	
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17		18	O. A. and and anama
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19		100	to before me this
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